



METROPOLITAN
TRANSPORTATION
COMMISSION

Coordinated Public Transit Human Services Transportation Plan Elderly and Disabled Component



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Table of Contents

	PAGE
Executive Summary	ES-1
Introduction/Background	ES-1
Project Methodology.....	ES-1
Key Findings	ES-2
Human Service Transportation Inventory	ES-3
Needs Assessment	ES-3
Overlapping Transportation Needs	ES-4
Conclusion/Next Steps.....	ES-7
Chapter 1. Introduction/Background	1-1
SAFETEA-LU Planning Requirements	1-1
Chapter 2. Project Methodology	2-1
Literature Search/Best Practices.....	2-1
Demographic Profile.....	2-1
Document Existing Transportation Services	2-1
Stakeholder Involvement	2-2
Focus Group.....	2-2
Needs Assessment	2-3
Identification of Solutions.....	2-3
Coordination Strategies	2-3
Chapter 3. Demographic Profile	3-1
Low Income Population.....	3-2
The Older Adult Population	3-4
People with Disabilities.....	3-10
Chapter 4. Existing Transportation Resources	4-1
Public Transportation	4-1
Human Service Transportation Programs	4-1
Alameda County.....	4-3
Contra Costa County	4-5
Marin County	4-7

Table of Contents *(continued)*

	PAGE
Napa County	4-7
San Francisco County	4-8
San Mateo County	4-9
Santa Clara County	4-10
Solano County	4-12
Solano County	4-12
Sonoma County	4-13
Multi-County Providers	4-13

Table of Contents *(continued)*

	PAGE
Chapter 5. Stakeholder Involvement	5-1
Public Outreach.....	5-1
Stakeholder Interviews	5-5
Chapter 6. Documentation of Unmet Needs.....	6-1
Summary of Gaps: Older Adults and Persons with Disabilities.....	6-1
Summary of Gaps: Low-Income Persons	6-2
Chapter 7. Solutions to Gaps	7-1
Additions or Improvements to Paratransit that exceed ADA Requirements.	7-6
Additions or Improvements to Demand –Responsive Services Other than ADA Paratransit	7-8
Additions or Improvements to Transit Services	7-10
Improved Access to Transit Services	7-11
Information and Assistance	7-13
Evaluation Criteria	7-14
Chapter 8. Strategies to Enhance Coordination of Service Delivery	8-1
Enhance Land Use and Transportation Coordination	8-2
Promote Coordinated Advocacy and Improve Efforts to Coordinate Funding with Human Service Agencies	8-12
Improve Interjurisdictional and Intermodal Travel	8-17
Mobility Management	8-18
Chapter 9. Next Steps	9-1
Appendix A.Literature Review	
Appendix B.	Best Practices
Appendix C.	Inventory of Transportation Providers
Appendix D.	Unmet Needs by County
Appendix E.	Public Outreach Comments

Table of Figures

	PAGE
Figure ES-1 Implementation Steps for Coordination Strategies	ES-6
Figure 3-1: Map of Nine Bay Area Counties	3-2
Figure 3-2 Basic Population Characteristics: A Snapshot	3-3
Figure 3-3: Older Adults as a Percentage of Total Population in Each County.....	3-4
Figure 3-4: Older Adult Population in Each County	3-5
Figure 3-5: Growth in the Older Adult Population, 2005 to 2030	3-6
Figure 3-6: Older Adults with a Disability	3-7
Figure 3-7 Low-Income Older Adult Population.....	3-8
Figure 3-8: Older Adult Population with No Access to a Vehicle	3-9
Figure 3-9: Percent of People with a Disability.....	3-10
Figure 3-10: People with a Disability in Each County	3-11
Figure 3-11:Low Income Status and Access to a Vehicle for People with Disabilities	3-12
Figure 4-1: Agencies Providing Highest Number of Trips	4-2
Figure 5-1: MTC Human Service Transportation Coordination – Outreach Meetings	5-2
Figure 5-2: Stakeholder Interviews	5-6
Figure 6-1: Constituent Group	6-3
Figure 7-1: Additions or Improvements to Paratransit that exceed ADA Requirements	7-1
Figure 7-2: Additions or Improvements to Demand-Responsive Services Other than ADA Paratransit	7-2
Figure 7-3: Additions or Improvements to Transit Services	7-3
Figure 7-4: Improved Access to Transit Services.....	7-3
Figure 7-5: Information and Assistance.....	7-4

Table of Figures (continued)

	PAGE
Figure 7-6: Miscellaneous (including solutions that fall into multiple categories)	7-5
Figure 8-1: Estimated Spending on Transportation Services for the Transportation-Disadvantaged by Federal Agencies in Fiscal Year 2001	8-13
Figure 8-2: Implementation of Coordination Strategies.....	8-21

Executive Summary

Introduction/Background

This plan has been developed on behalf of the Metropolitan Transportation Commission (MTC), and its local stakeholders with an interest in human service transportation programs. MTC is both the Regional Transportation Planning Agency (RTPA) and the Metropolitan Planning Organization (MPO) for the nine-county San Francisco Bay Area, and in this capacity also serves as a designated recipient of federal transportation funding. This element of the Coordinated Plan focuses on transportation needs of older adults and persons with disabilities. It serves as a parallel effort to the low-income component already completed by MTC, and together they comprise the Coordinated Public Transit-Human Services Transportation Plan for the San Francisco Bay Area.

As described further in this document, the plan also fulfills a federal requirement enacted in 2005 through the passage of the Safe, Accountable Flexible Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU), which stipulates that starting in Fiscal Year 2007, projects funded through three SAFETEA-LU programs - the Job Access and Reverse Commute Program (JARC, Section 5316), the New Freedom Program (Section 5317) and the Formula Program for Elderly Individuals and Individuals with Disabilities (Section 5310) - are required to be derived from a locally developed, coordinated public transit-human services transportation plan. SAFETEA-LU guidance issued by the Federal Transit Administration (FTA) described the plan as a "unified, comprehensive strategy for public transportation service delivery that identifies the transportation needs of individuals with disabilities, older adults, and individuals with limited income, laying out strategies for meeting these needs, and prioritizing services."

This Plan is intended to meet the federal planning requirements as well as to provide MTC and its regional partners with a range of strategies and a "blueprint" for implementing them, which are intended to promote and advance local efforts to improve the status of transportation for persons with disabilities, older adults, and those of low-income status.

Project Methodology

The methodology used to develop the plan included the following steps:

Conduct Literature Search and Review Best Practices: A review was conducted of recent local studies, which have examined transportation needs in the Bay Area, particularly those of elderly and disabled individuals. Secondly, a peer review was completed of other coordination activities nationwide. Findings are documented in Appendices A and B, respectively.

Establish Demographic Profile: A demographic profile of the service area was prepared using census data and other relevant planning documents. This step established the framework for better understanding the local characteristics of the study area, with a focus on persons with disabilities and older adults.

Document Existing Transportation Services: This step involved documenting the range of public transportation services that already exist in the Bay Area. These services include public fixed route and paratransit services, and transportation services provided or sponsored by social service agencies. Information about public transit and paratransit was obtained from existing resources as specified in the report, and information regarding services provided by social service agencies was collected through an inventory completed as part of this project. Appendix C provides the complete inventory results.

Conduct Outreach: Stakeholder involvement and public participation was implemented in a three-pronged approach through public outreach, stakeholder interviews, and convening a focus group to examine coordination issues in detail. Through this step, transportation gaps were identified or confirmed. Stakeholders provided input on existing barriers to coordination as well as possibilities for improvement.

Assess Needs: The needs assessment provides the basis for recognizing where—and how—service for the population groups of concern needs to be improved. The results of the needs assessment are summarized in Chapter 6, and comprehensive lists of unmet needs identified in each county are included in Appendix D.

Identify Solutions: Coupled with the need to identify service gaps is the need to identify corresponding potential service solutions. These are documented in Chapter 7.

Develop Coordination Strategies: Beyond identifying which projects or solutions could directly address transportation gaps, the final step was to consider how best to coordinate services so that existing resources can be used as efficiently as possible. These strategies outline a more comprehensive approach to service delivery with implications beyond the immediate funding of local projects, which may be short-term in nature.

A range of potential coordination strategies was identified primarily through direct consultation with a number of key stakeholders already involved in the planning and implementation of human service transportation.

Key Findings

Key findings emerging from the study are identified below.

Population Characteristics

Older Adults: In 2005, just over 11% of the Bay Area population was aged 65 or older. By the year 2030, this population is expected to increase by 162%.

Individuals with a Disability: While approximately 12% of the region's population reports a disability, 22% are living in low-income households earning less than 150% of the federal poverty level compared to only 15% of the general population.

Additional demographic information about the Bay Area's elderly and disabled populations, including data by county, is detailed in Chapter 3.

Human Service Transportation Inventory

To document transportation service currently provided in the Bay Area, an inventory was created to identify agencies that provide social service transportation, and to collect basic information about the programs. A survey was sent to public transit agencies providing ADA paratransit, as well as a range of public and private agencies providing transportation for clients, program

participants, specific populations (such as older adults), or the general public. Responses were received from 75 of the 83 agencies contacted (a 90% response rate). The inventory is intended to serve as a tool to support coordination by identifying the existing transportation resources in the region as well as documenting current service parameters, geographic coverage and beneficiaries. Service duplication or gaps in service are also noted.

Needs Assessment

Several key themes emerged from the outreach efforts, stakeholder consultation, and previous planning projects. These include:

Enhanced Fixed Route Services: For persons who can and do use the fixed route system, there is a need for additional service in rural and suburban areas, and for more direct service to key activity centers that older adults and persons with disabilities need to access. Customers also would like increased frequency to avoid long waits, and service longer into the evening and on weekends.

Enhanced Paratransit Services: Paratransit users sometimes need a level of service above and beyond what is required by the ADA, such as service provided on the same day it is requested, where and when the fixed route service does not operate, or the ability to accommodate “uncommon” wheelchairs or other mobility devices.

Connectivity: The need for better connectivity was expressed, both for inter- and intra-county travel, whether using paratransit or fixed route service. Customers also mentioned the need for better shelters and bus stops as well as other amenities at transfer sites. Some wheelchair users have difficulty making effective use of the fixed-route system and referred to needs to enhance accessibility of vehicles and the relating infrastructure, such as shelters and stops.

Information and Other Assistance: There is a need for education so that older adults and persons with disabilities can learn how to use public transit and their accessible features, and the need to provide information in a variety of formats. Likewise, there is a need to ensure drivers, dispatchers and other transit

personnel are sensitive to passenger needs, and know how to provide assistance on-board the vehicle.

Pedestrian Access and Land Use Coordination: The need to improve accessibility to and from bus stops and transfer centers (sidewalks, curb cuts, curb ramps, crosswalks) was widely voiced throughout the outreach meetings. Meeting attendees also mentioned the need to better coordinate land use development with the provision of transit service, especially in lower-density communities. The location of housing and facilities serving people with disabilities or older adults in areas that are inaccessible by transit was also cited as a source of concern.

Overlapping Transportation Needs

The transportation needs and gaps of older adults and persons with disabilities, as well as those of the region's low-income population (as identified in the low-income component of the Coordinated Plan) were reviewed. There is significant overlap or consistency in the barriers and gaps expressed by all three populations of concern. A comprehensive list of the overlapping needs is found in Chapter 6.

Potential Solutions

Potential solutions are identified to address the gaps that emerged from the outreach process and review of local plans. These suggested solutions are grouped into five categories:

- | Additions or improvements to paratransit service that exceed ADA requirements
- | Additions or improvements to demand-responsive services other than ADA paratransit
- | Additions or improvements to transit services
- | Improved access to fixed-route transit services
- | Information and assistance

These solutions represent categories of potential projects, which could be eligible for SAFETEA-LU funds subject to this plan, or other local sources of funding. Chapter 7 of the report describes the solutions in more detail, including implementation steps.

Strategies to Enhance Human Service Transportation Coordination

In addition to considering which projects or solutions could directly address transportation gaps, it is important to consider how best to coordinate services so that existing resources can be used as efficiently as possible. The following proposed strategies offer opportunities to improve coordination of service delivery, and were developed with input from key stakeholders already involved in the planning and implementation of human service transportation.

- | Enhance land use and transportation coordination
- | Promote enhanced pedestrian access to public transit and other alternative modes of travel
- | Promote coordinated advocacy and improve efforts to coordinate funding with human service agencies
- | Improve interjurisdictional and intermodal travel
- | Develop and implement mobility management approaches

Successful implementation of the coordination strategies will require the joint cooperation and effort of multiple entities that may or may not have coordinated in the past. Often, a champion is needed to assume leadership and manage implementation efforts; this “champion” may vary from case to case. As illustrated in Figure ES-1, implementing some strategies may require leadership on the part of cities or other local jurisdictions, while others may be assumed by social service agencies, transit agencies, Congestion Management Agencies (CMAs), advocacy groups, MTC or designated mobility managers.

Figure ES-1 Implementation Steps for Coordination Strategies

Enhanced Land Use and Transportation Coordination	Partners/Stakeholders
Provide documentation of the issue	TBD
Document examples of policies that have effectively addressed locational decisions	TBD
Engage key stakeholders in the development of a regional strategy.	JPC, CMAs
Build on the regional FOCUS program to incentivize positive locational decisions	JPC, CMAs through T-Plus program
Promote Alternative Modes of Travel, including Improved Pedestrian Access to Transit	Partners/Stakeholders
Build upon previous MTC planning work specific to pedestrian safety, and disseminate the results to other partner organizations.	Local jurisdictions
Encourage pedestrian-related planning at the community level through community-based transportation plans (CBTPs).	MTC, CMAs
Encourage the development of countywide taxi ordinances that would enhance the provision of accessible taxi programs	Counties, CMAs
Distribute and share the results of the recently completed Marin County Enhanced Taxi Services Project with EDAC, transit and paratransit program staff and other interested stakeholders.	Marin County, PTCC Accessibility Committee, EDAC, Counties and Cities
Promote Coordinated Advocacy and Improve Efforts to Coordinate Funding with Human Service Agencies	Partners/Stakeholders
Develop a comprehensive legislative platform to address improved human service transportation coordination	MTC, Bay Area Partnership, transit agencies and other local stakeholders
Re-initiate previous MTC legislative efforts to promote human service transportation in California.	MTC, Advisory Committees, Bay Area Partnership, human service agencies, other local stakeholders
Identify a legislator willing to sponsor statewide legislation intended to address the platform defined above.	MTC, elected official(s)
Actively seek the support of partner organizations such as National Council of Independent Living (NCIL), The World Institute on Disability (WID), the Transportation and Land Use Coalition (TALC) and others to place greater emphasis on elderly and disabled transportation needs in their advocacy efforts.	Local advocacy organizations, MTC Advisory Committees
Improved Interjurisdictional Travel	Partners/Stakeholders
Prioritize connectivity improvements at transit hubs	MTC, MTC Advisory Committees, transit agencies, human service agencies
Prior to full implementation, test key connectivity improvements such as improved wayfinding signage, or 511 improvements to ensure their accessibility for senior and disabled populations.	MTC, MTC Advisory Committees, transit agencies, human service agencies
Review the status of the SB 1474 Plan (MTC Resolution 3055) to ensure respective coordination policies, such as the paratransit interagency guidelines, are accurate and being implemented.	MTC, MTC advisory committees, transit operators, PTCC Accessibility Committee, human service agencies
Mobility Management	Partners/Stakeholders
Encourage the development of Mobility Managers	TBD
Research and share examples of mobility manager models of excellence established elsewhere.	MTC, human service agencies, Transit and Paratransit Operators, PCCs
Test and implement technology that could track individual client activity on a vehicle supported with multiple fund sources.	MTC, local stakeholders

Conclusion/Next Steps

The next steps in completing this planning process include the following:

Adopt the Coordinated Plan

In November 2006, the Commission adopted MTC Resolution 3787, which documented the transportation needs and strategies specific to low-income persons. The plan built upon previous planning efforts undertaken by MTC in support of improving transportation in Bay Area communities of concern. As a first step, MTC staff will seek amendment of MTC Resolution 3787 to include the results of this planning effort. Together, they will comprise MTC's Coordinated Public Transit-Human Service Transportation Plan.

Inform SAFETEA-LU Funding Decisions

As the designated recipient of JARC and New Freedom funds for the San Francisco Bay Area Urbanized Area, MTC is required to select projects with these funds that are (1) derived from this plan, and (2) selected through a competitive procurement process. The State Department of Transportation (Caltrans) will continue to administer and be responsible to select projects for use of Section 5310 funds. Chapter 1 of this report discusses eligible uses for and recipients of these funds.

In addition, local entities can develop the transportation solutions proposed in the plan to respond to SAFETEA-LU, as well as other funding opportunities.

Plan Update

Federal guidelines indicate that at a minimum, the coordinated plan should follow the update cycles for the Regional Transportation Plan (RTP). MTC will next update its RTP in 2009, which would provide an opportunity to directly link the development of the coordinated plan with the RTP. Because projects must be derived from the plan, it may also be necessary to update or amend the list of projects to coincide with the Lifeline Transportation funding cycles, or other funding cycles specific to fund sources subject to this Plan.

Chapter 1. Introduction/Background

The purpose of this project is to prepare a Coordinated Public Transit-Human Services Transportation Plan for the San Francisco Bay Area that is consistent with the requirements of the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU). The planning effort is overseen by The Metropolitan Transportation Commission (MTC). MTC is both the Regional Transportation Planning Agency (RTPA) and the Metropolitan Planning Organization (MPO) for the nine-county San Francisco Bay Area—Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano and Sonoma Counties.

SAFETEA-LU was signed into law on August 10, 2005, and authorizes the provision of \$286.4 billion in guaranteed funding for federal surface transportation programs over five years (Fiscal Years 2005-2009), including \$52.6 billion for federal transit programs. Starting in Fiscal Year 2007, projects funded through three programs included in SAFETEA-LU--the Job Access and Reverse Commute Program (JARC - Section 5316), New Freedom (Section 5317) and the Formula Program for Elderly Individuals and Individuals with Disabilities (Section 5310)--are required to be derived from a locally developed, coordinated public transit-human services transportation plan. SAFETEA-LU guidance issued by the Federal Transportation Administration (FTA) indicates that the plan should be a "unified, comprehensive strategy for public transportation service delivery that identifies the transportation needs of individuals with disabilities, older adults, and individuals with limited income, laying out strategies for meeting these needs, and prioritizing services."¹

Because considerable resources have recently been dedicated toward planning efforts that have focused on the transportation needs of low-income residents in the Bay Area, MTC staff has already completed the low-income component of the coordinated plan by synthesizing the results from these efforts. This element of the plan focuses on transportation needs of older adults and persons with disabilities. It serves as a parallel effort to the low-income

¹ Federal Register: March 15, 2006 (Volume 71, Number 50, page 13458)

component and together they comprise the Coordinated Public Transit-Human Services Transportation Plan for the San Francisco Bay Area.

SAFETEA-LU Planning Requirements

The Federal Transit Administration (FTA) issued three program circulars (FTA C9770.1F, FTA C 9050.1, FTA C 9045.1) effective May 1, 2007, to provide guidance on the administration of the three programs subject to this planning requirement. They stipulate that projects selected for funding under the Section 5310, JARC, and New Freedom programs be “derived from a locally developed, coordinated public transit-human services transportation plan” and that the plan be “developed through a process that includes representatives of public, private, and nonprofit transportation and human services providers and participation by members of the public.”

This federal guidance specifies four required elements of the plan, as follows:

1. An assessment of available services that identifies current transportation providers (public, private, and non-profit);
2. An assessment of transportation needs for individuals with disabilities, older adults, and people with low incomes. This assessment can be based on the experiences and perceptions of the planning partners or on more sophisticated data collection efforts, and gaps in service;
3. Strategies, activities, and/or projects to address the identified gaps between current services and needs, as well as opportunities to achieve efficiencies in service delivery; and
4. Priorities for implementation based on resources (from multiple program sources), time, and feasibility for implementing specific strategies and/or activities.

The three sources of funds subject to this plan are intended to improve the mobility status of persons with disabilities, older adults, and low-income individuals, as described below.

Job Access and Reverse Commute (JARC, Section 5316)

The purpose of the JARC program is to fund local programs that offer job access services for low-income individuals. JARC funds are distributed to states on a formula basis, depending on that state's rate of low-income population. This approach differs from previous funding cycles, when grants were awarded purely through Congressional appropriations, or earmarks. JARC funds will pay for up to 50% of operating costs and 80% for capital costs. The remaining funds are required to be provided through local match sources.

Examples of eligible JARC projects include, but are not limited to:

- | Late-night and weekend service
- | Guaranteed Ride Home Programs
- | Vanpools or shuttle services to improve access to employment or training sites
- | Car-share or other projects to improve access to autos
- | Access to child care and training
- | Mobility Management Activities

New Freedom Program (Section 5317)

The New Freedom formula grant program aims to provide additional tools to overcome existing barriers facing Americans with disabilities seeking integration into the work force and full participation in society. The New Freedom Program seeks to reduce barriers to transportation services and expand the transportation mobility options available to people with disabilities beyond the requirements of the ADA.

New Freedom funds are available for capital and operating expenses that support new public transportation services beyond those required by the ADA and new public transportation alternatives beyond those required by the ADA designed to assist individuals with disabilities with accessing transportation services, including transportation to and from jobs and employment support services. The same match requirements as for JARC apply for the New Freedom Program.

Examples of eligible New Freedom Program projects include, but are not limited to:

- | Expansion of paratransit service hours or service area beyond minimal requirements
- | Purchase of accessible taxi or other vehicles
- | Promotion of accessible ride sharing or vanpool programs
- | Administration of volunteer programs
- | Building curb-cuts, providing accessible bus stops
- | Travel Training programs
- | Mobility Management Activities

Elderly and Disabled Program (Section 5310)

Funds for this program are allocated by a population-based formula to each state and are available for capital expenses to support the provision of transportation services to meet the special needs of elderly persons and persons with disabilities. In California, a 11.47% local match is required for the federal funds. Examples of capital expenses include, but are not limited to:

- | Buses and vans
- | Radios and communication equipment
- | Vehicle shelters
- | Wheelchair lifts
- | Computer hardware and software
- | Transit related Intelligent Transportation Systems (ITS) or other technology
- | Mobility Management Activities

Local Match Requirements

Each federal program requires a share of total program costs be derived from local sources, which cannot include federal Department of Transportation funds. Some examples of local match that can be used for any or all of the local share include: state or local appropriations; other non-DOT federal funds;

dedicated tax revenues; private donations; revenue from human service contracts; toll revenue credits; private donations; and revenue from advertising and concessions. In-kind contributions, such as donations, staff time or volunteer services, can also be counted toward the local match as long as the value of each is documented and supported, represents a cost which would otherwise be eligible under the program, and is included in the net project costs in the project budget.

Project Goals

MTC serves as the designated recipient for the urbanized portions of JARC and New Freedom funds for the region.² MTC is required to distribute these funds to local entities through a competitive process, and, starting in Fiscal Year 2007, to certify that projects funded are derived from the region's coordinated plan. The overarching goal of this planning effort, then, is to respond to SAFETEA-LU requirements for receiving these federal funds.

The plan also provides an opportunity for a diverse range of stakeholders with a common interest in human service transportation to convene and collaborate on how best to provide transportation services for these targeted populations. Specifically, the stakeholders are called upon to identify service gaps and/or barriers, strategize on solutions most appropriate to meet these needs based on local circumstances, and prioritize these needs for inclusion in the plan.

Indeed, stakeholder outreach and participation is a key element to the development of this plan, and federal guidance issued by FTA specifically requires this participation, and recommends that it come from a broad base of groups and organizations involved in the coordinated planning process, including (but not limited to): area transportation planning agencies, transit riders and potential riders, public transportation providers, private transportation providers, non-profit transportation providers, human service agencies funding and/or supporting access for human services, and other government agencies that administer programs for targeted population,

² The California Department of Transportation serves as the designated recipient for JARC and New Freedom funds in the small urbanized and rural areas, and all Section 5310 funds for the state.

advocacy organizations, community-based organizations, elected officials, and tribal representatives.³

This plan is intended both to capture those local stakeholder discussions, and to establish the framework for potential future planning and coordination activities.

Federal and State Roles to Promote Human Service Transportation Coordination

Incentives to coordinate human services transportation programs are defined and elaborated upon in numerous initiatives and documents. Coordination can enhance transportation access, minimize duplication of services, and facilitate cost-effective solutions with available resources. Enhanced coordination also results in joint ownership and oversight of service delivery by both human service and transportation service agencies. The requirements of SAFETEA-LU build upon previous federal initiatives intended to enhance social service transportation coordination. Among these are:

- l *Presidential Executive Order:* In February 2004, President Bush signed an Executive Order establishing an Interagency Transportation Coordinating Council on Access and Mobility to focus 10 federal agencies on the coordination agenda. It may be found at www.whitehouse.gov/news/releases/2004/02/20040224-9.html
- l *A Framework for Action:* The Framework for Action is a self-assessment tool that states and communities can use to identify areas of success and highlight the actions still needed to improve the coordination of human service transportation. This tool has been developed through the United We Ride initiative sponsored by FTA, and can be found on the United We Ride website: http://www.unitedweride.gov/1_81_ENG_HTML.htm
- l *Medicaid Transportation Initiatives:*

Transit Passes: Federal regulations require that Medicaid eligible persons who need transportation for non-emergent medical care be provided transportation. For many people, the most cost-effective way to provide this transportation is with public transportation. Medicaid rules now allow

³ Federal Register: March 15, 2006 (Volume 71, Number 50, pages 13459-60)

the purchase of a monthly bus pass as an allowable Medicaid program expense. While this has proven to be a cost-effective method of providing non-emergency medical transportation for Medicaid eligible persons in many states, California has yet to allow the use of Medicaid funds to purchase transit passes.

- 1 *Previous research:* Numerous studies and reports have documented the benefits of enhanced coordination efforts among federal programs that fund or sponsor transportation for their clients.⁴

The following chapter describes the methodology that was followed to complete this component of the plan.

⁴ Examples include United States General Accounting Office (GAO) reports to Congress entitled *Transportation Disadvantaged Populations, Some Coordination Efforts Among Programs Providing Transportation, but Obstacles Persist*, (June 2003) and *Transportation Disadvantaged Seniors—Efforts to Enhance Senior Mobility Could Benefit From Additional Guidance and Information*, (August 2004).

Chapter 2. Project Methodology

As mentioned in Chapter 1, the four required elements of a coordinated plan, as outlined by FTA in the May 15, 2007 guidance for the JARC, New Freedom and Section 5310 programs are 1) an assessment of current transportation services, 2) an assessment of transportation needs, 3) strategies, activities and/or projects to address the identified transportation needs (as well as ways to improved efficiencies), and 4) implementation priorities based on funding, feasibility, time, etc. This chapter describes the steps that were undertaken to develop these elements of the Bay Area's coordinated plan.

Literature Search/Best Practices

A review was conducted of recent local studies that have examined transportation needs in the Bay Area, particularly those of elderly and disabled individuals. The purpose of this step was to consider the findings emerging from these plans as a starting point for considering unmet transit needs. The results of the literature review are incorporated in Appendix A.

Secondly, a peer review was completed of other coordination activities nationwide, particularly focused on those in large metropolitan regions. A peer review is a useful tool for providing insight into how other regions and agencies address transportation coordination. The lessons learned based on their experience with transportation coordination provide valuable information for the San Francisco Bay area. This information was gathered directly from individuals involved in coordination activities in these areas, through questionnaires and telephone interviews asking them to describe their experiences, and supplemented with research of published plans and studies related to coordination. Appendix B documents the peer review findings and best practices.

Demographic Profile

A demographic profile of the service area was prepared using census data and other relevant planning documents. This step establishes the framework for better understanding the local characteristics of the study area, with a focus on

the two population groups subject to this component of the plan: persons with disabilities and older adults.

Document Existing Transportation Services

This step involves documenting the range of public transportation services that already exist in the study area. These services include public fixed route and paratransit services, and transportation services provided or sponsored by other social service agencies. Information about public transit and paratransit was gleaned from existing resources as specified in the report, and information regarding services provided by other social service agencies was collected through an inventory completed as part of this project. Appendix C provides the complete inventory results.

Stakeholder Involvement

Stakeholder involvement and public participation was implemented in a three-pronged approach, as described below.

Public Outreach

A series of public outreach meetings was convened in each of the nine Bay Area counties in order to directly reach members of the public, including users or potential users of public transit programs. The purpose of the meetings was to directly solicit the views and experiences of older adults and persons with disabilities regarding transportation barriers they face, and generate discussion regarding potential solutions and the criteria to be used for prioritizing these solutions. Specific efforts were made to engage non-traditional stakeholder groups, such as non-English speaking populations, Native Americans, etc. Attendees also included public and private transportation providers.

The outreach team conducting the meetings consisted of representatives from both the senior and disability communities, as well as staff from Nelson\Nygaard Consulting Associates, the consultant firm hired to complete the plan. The non-profit group TEAMS – or Transformation through Education and Mutual Support – assisted with senior outreach efforts. TEAMS, which is based in Alameda County, has extensive experience with grassroots organizing of seniors focused on mobility issues. The Berkeley/Oakland Center for

Independent Living (CIL) assisted with outreach to the disability community. The CIL, the first of its kind in the U.S., has deep roots in the disability community, and has worked extensively in the area of accessible transportation for more than three decades. This approach allowed for a pro-active approach in setting up outreach meetings, structuring the agenda, and summarizing key findings.

Stakeholder Interviews

A second strategy employed was to discuss human service transportation coordination in depth with a broad range of stakeholders with a vested interest in coordination, including representatives from human service agencies, transportation providers, advocacy organizations and others. The goals of the stakeholder interviews were established as follows:

- | Confirm barriers that may prevent effective coordination
- | Focus on potential solutions and strategies that could enhance coordination
- | Summarize the findings to identify key issues of concern, or strategies most feasible to pursue

Focus Group

Finally, the public outreach process included convening a focus group in Contra Costa County.

The goals for this meeting were to:

- | Select one county (Contra Costa) to examine transportation coordination issues in depth
- | Provide a range of stakeholders involved in human service transportation in Contra Costa County an opportunity to express their views and opinions
- | Identify successful coordination strategies and barriers that prevent effective coordination.

Contra Costa County was selected for the focus group because a few studies have recently been completed that have focused on improving transportation delivery in the county, and engaged both public transit and human services

agencies in the process. Following these studies, coordination activities between transit agencies and human service and non-profit agencies have been initiated.

In addition, MTC convened a Technical Advisory Committee (TAC), comprised of key stakeholders, to provide direct oversight for this project. The TAC met periodically throughout the project, and had an opportunity to review and provide input on key deliverables.

Needs Assessment

An important step in completing the plan was to identify transportation service needs or gaps. The needs assessment provides the basis for recognizing where—and how—service for the population groups of concern needs to be improved.

The primary focus of the outreach meetings, as described above, was to collect and synthesize information about transportation gaps and barriers faced by seniors and persons with disabilities. This information was integrated with the findings from the low-income component of the coordinated plan. The results of the needs assessment are summarized in Chapter 6, and comprehensive lists of unmet needs identified in each county are included in Appendix D.

Identification of Solutions

Coupled with the need to identify transportation gaps is the need to identify corresponding potential solutions to address them. The solutions include a range of possibilities— one solution may address several transportation gaps. Likewise, some gaps are addressed by multiple solutions. These solutions differ from specific projects in that they may not yet be fully defined, e.g. a project sponsor is not identified, or project costs are not estimated.

Coordination Strategies

In addition to considering which projects or solutions could directly address these gaps, it is important to consider how best to coordinate services so that existing resources can be used as efficiently as possible. These strategies outline a more comprehensive approach to service delivery with implications

beyond the immediate funding of local projects, which may be short-term in nature. Examination of these coordination strategies is intended to result in consideration of policy revisions, infrastructure improvements, and coordinated advocacy and planning efforts which, in the long run, can have more profound results to address service deficiencies.

A range of potential coordination strategies was identified primarily through direct consultation with a number of key stakeholders already involved in the planning and implementation of human service transportation. These stakeholders were asked to identify successful coordination efforts, as well as barriers, or additional steps that are needed to promote coordination. These strategies were then reviewed and discussed in detail at the focus group convened in Contra Costa County.

Chapter 3. Demographic Profile

The San Francisco Bay Area is a geographically diverse metropolitan region that surrounds the San Francisco Bay. It encompasses the cities of San Francisco, San Jose, and Oakland, and their many suburbs. It also includes the smaller urban and rural areas of the North Bay. Home to almost seven million people, it comprises cities, towns, military bases, airports, and associated regional, state, and national parks over nine counties connected by a network of roads, highways, railroads, bridges, and commuter rail. San Jose is now the largest city in the Bay Area and the tenth largest city in America. A map of the region is illustrated in Figure 3-1.

This chapter of the plan reports on demographic information pertaining to low income populations, older adults, and persons with disabilities in the Bay Area. Basic population characteristics of these three populations are illustrated in Figure 3-2. Additional information follows, examining the overlap among these groups; for example, the extent to which older adults are also in poverty, or have a disabling condition.

Figure 3-1 Map of Nine Bay Area Counties



Figure 3-2: Basic Population Characteristics: A Snapshot

County	Total population	% persons aged 65+	% persons w/ disability ¹	% below poverty level	% low-income ²
Alameda	1,421,308	10.1	11.6	11.0	24.1
Contra Costa	1,006,486	11.0	12.8	7.6	18.7
Marin	235,609	14.2	11.0	6.6	15.7
Napa	127,445	13.1	11.6	8.3	23.3
San Francisco	719,077	14.6	14.4	11.3	26.0
San Mateo	689,271	12.6	10.3	5.8	15.8
Santa Clara	1,669,890	10.1	9.4	7.5	17.9
Solano	395,426	10.2	13.6	8.3	22.6
Sonoma	453,850	12.2	13.8	8.1	22.2
Bay Area	6,718,362	11.3	11.7	8.6	20.6

- | 11.7% of Bay Area population reports a disability
- | 11.3% of population is aged 65 or older
- | 8.5% of population is below federal poverty level
- | 20.6% of population is below 200% of federal poverty level
- | 22% of persons with disabilities are low-income
- | 16% of older adults are low-income
- | 38% of older adults have a disability

Low Income Population

Figure 3-2 illustrates the Bay Area population by poverty level. Nearly 9% of the Bay Area population earns below 100% of the federal poverty level. In previous studies that focus on the Bay Area's low-income population, MTC has doubled the poverty level to 200% to account for the high cost of living in the Bay Area. This percentage is consistent with several Bay Area organizations that use income to determine program eligibility such as the Bay Area Food Banks and the Women Infant and Children (WIC) program that use 185% of the federal poverty level as the benchmark to make eligibility determinations. When

¹ Disability status for persons 5 years and older

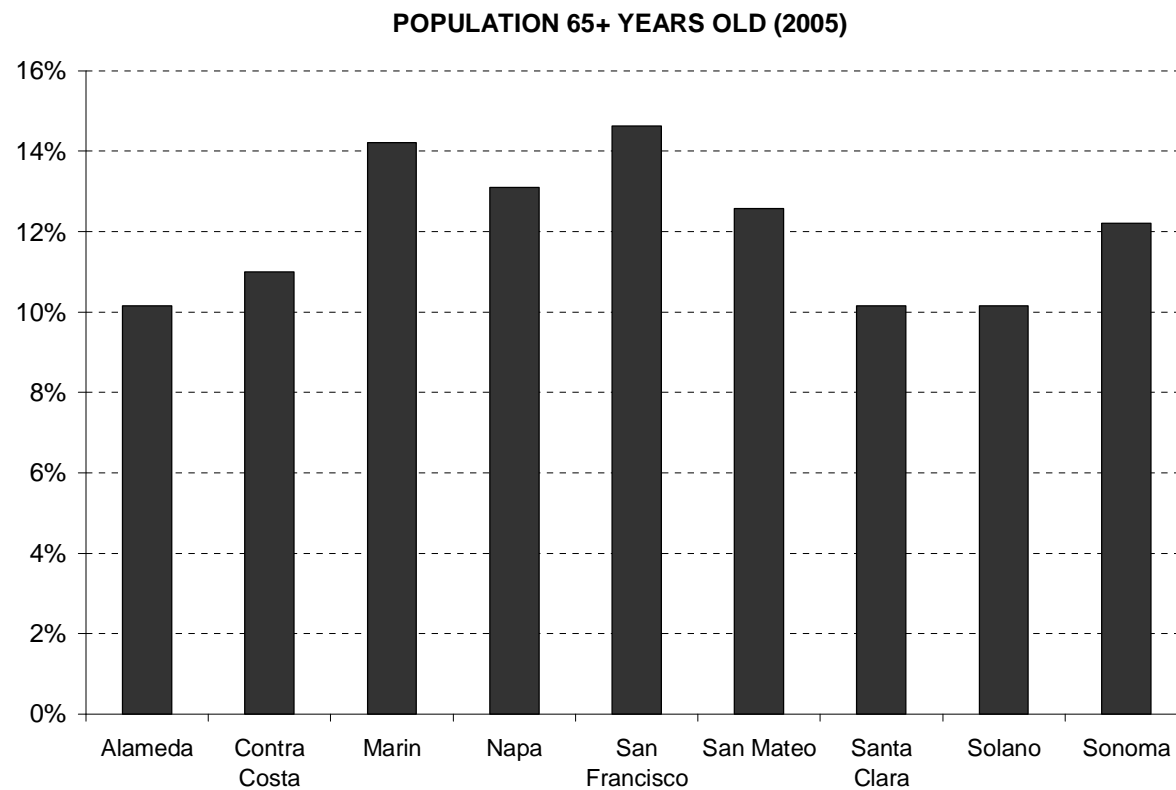
² Defined at 200% of federal poverty level

looking at this threshold, approximately 21% of Bay Area residents earn below 200% of the federal poverty level.

The Older Adult Population

In the Bay Area as a whole there were about 762,000 people age 65 or older in 2005, according to the U.S. Census's American Community Survey. For purposes of this plan, this group will be called "older adults." Older adults accounted for 11.3% of the Bay Area's population in 2005. The percentage of older adults varies considerably from county to county, from a low of 10.1% in Santa Clara and Sonoma counties to a high of 14.6% in San Francisco and 14.2% in Marin County. Figure 3-3 provides the percentages for all nine counties. These percentages mask great variation within counties. For example, within Santa Clara County there are pockets with very high concentrations of older adults.

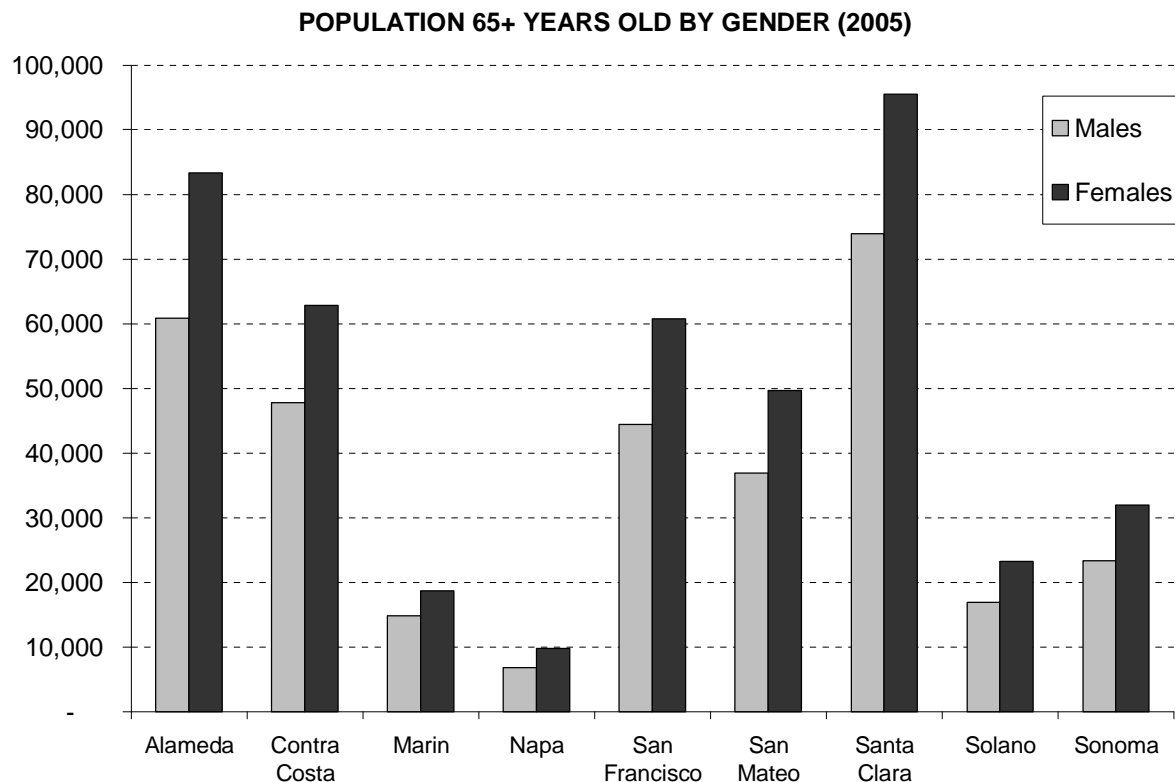
Figure 3-1: Older Adults as a Percentage of Total Population in Each County



Data Source: US American Community Survey 2005

A low percentage of older adults does not mean that there are few older adults. In fact, the largest numbers of older adults are in counties with lower-than-average percentages, including Santa Clara and Alameda as shown in Figure 3-4. There are significantly more older women than men.

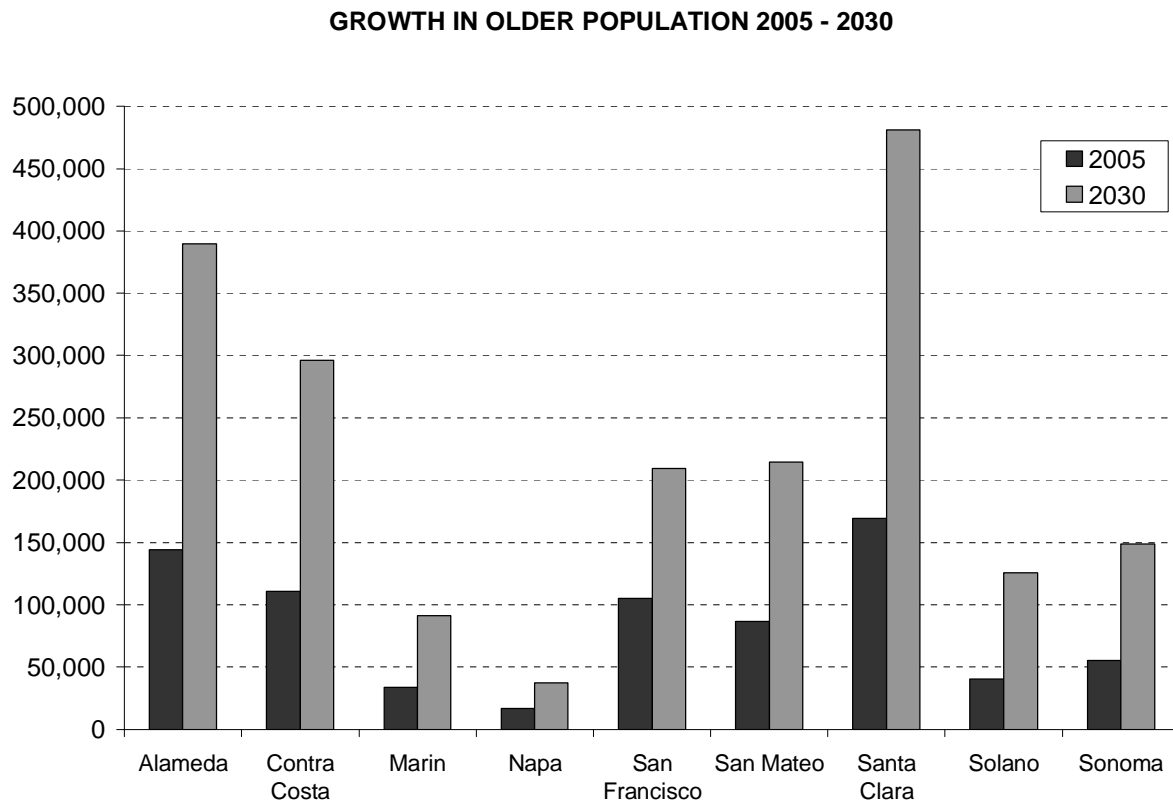
Figure 3-2: Older Adult Population in Each County



Data Source: US American Community Survey 2005

According to projections prepared by the Association of Bay Area Governments, in 2030 the older adult population will have increased by 162% compared to 2005. Figure 3-5 provides county-by-county detail. The highest growth rates are expected to be in Santa Clara and Solano counties, where the number of older adults is expected to grow by 184% and 213% respectively. In Napa and San Francisco by comparison, the number of older adults is expected to increase by 123% and 99% respectively. These totals hide differences in the composition of the older adult population. For example, San Francisco may have many more “very old” adults, 80 years and older, than other counties.

Figure 3-3: Growth in the Older Adult Population, 2005 to 2030



Sources: U.S. Census 2005 American Community Survey, ABAG Projections 2005.

About 38% of older adults have some type of disability according to the 2005 American Community Survey, as shown in Figure 3-6. The Census definition of a disability is provided in the next section along with more detailed demographics of the disabled population. Older adults are most likely to be disabled in San Francisco and Solano counties, and least likely to be disabled in Marin County.

Figure 3-4: Older Adults with a Disability

County	Total Older Adults	Older Adults with a Disability	Percent of Older Adults with a Disability
Alameda	144,255	55,282	38%
Contra Costa	110,646	40,558	37%
Marin	33,477	9,285	28%
Napa	16,687	6,252	37%
San Francisco	105,176	45,474	43%
San Mateo	86,631	30,316	35%
Santa Clara	169,440	63,476	37%
Solano	40,180	16,725	42%
Sonoma	55,387	21,704	39%
TOTAL	761,879	289,072	38%

Source: American Community Survey, 2005

About 24% of older adults live in households with incomes less than 200% of the Federal poverty level (Figure 3-7). In general, the percent of low-income people among older adults is similar to that for the general population. The key exception is San Francisco, where 35% of older adults live in low-income households compared to 26% of all people. Similar circumstances exist for the most urbanized areas of other counties, such as Oakland, Richmond, and some parts of San Jose.

Figure 3-5 Low-Income Older Adult Population

County	Percent in Low-Income Households	
	Older Adults	All People
Alameda	27%	24%
Contra Costa	20%	19%
Marin	14%	16%
Napa	22%	23%
San Francisco	35%	26%
San Mateo	17%	16%
Santa Clara	22%	18%
Solano	23%	23%
Sonoma	22%	22%
TOTAL	24%	21%

Note: "Low income" = Living in households with income less than 200% of Federal Poverty Level

Source: 2000 U.S. Census

About 15% of older adults live in households with no motor vehicle, as shown in Figure 3-8. By comparison, only 7% of the total population lives in households with no motor vehicle. A similar pattern exists in all nine counties. San Francisco and Alameda have the highest percentages of older adults (and others) without access to a vehicle, while Marin, Napa, Solano, and Sonoma have the lowest. Note that "access to a vehicle" does not indicate whether or not the individual is able to drive or has a license.

Figure 3-6: Older Adult Population with No Access to a Vehicle

County	Percent with No Vehicle (Older Adults)	Percent with No Vehicle (All People)
Alameda	15%	8%
Contra Costa	10%	5%
Marin	8%	4%
Napa	9%	4%
San Francisco	36%	21%
San Mateo	10%	4%
Santa Clara	11%	4%
Solano	9%	5%
Sonoma	9%	4%
TOTAL	15%	7%

Source: U.S. Census Public Use Microsample (2000)

People with Disabilities

There were about 726,000 people with a disability living in the Bay Area in 2005 according to the U.S. Census's American Community Survey. This amounts to about 12% of the population age five and older. Figure 3-9 provides detail by county.

In these figures, a person is counted as having a disability who:

- 1 Has long-lasting blindness, deafness, or a severe vision or hearing impairment; OR
- 1 Has a long-lasting condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying; OR
- 1 Because of a physical, mental, or emotional condition lasting 6 months or more, has difficulty learning, remembering, or concentrating; dressing, bathing, or getting around inside the home; or (if 16 years old or over) going outside the home alone to shop or visit a doctor's office or working at a job or business.³

³ "American Community Survey/Puerto Rico Community Survey 2005 Subject Definitions," U.S. Bureau of the Census (no date) (http://www.census.gov/acs/www/Downloads/2005/usedata/Subject_Definitions.pdf)

Figure 3-7: Percent of People with a Disability

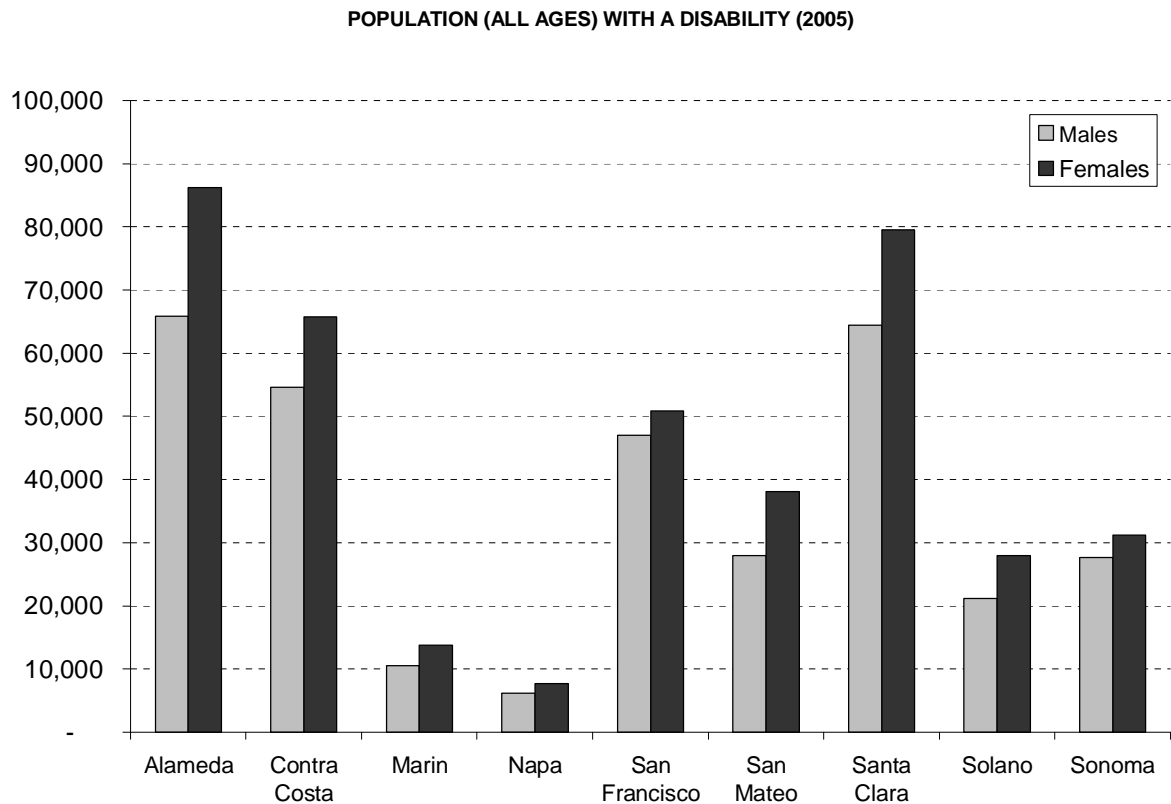


Source: American Community Survey, 2005 (Age 5 and older).

People who are disabled by this definition are not necessarily eligible for ADA paratransit, although they may be eligible for discounted transit fares.

Some counties with lower-than-average percentages have very large total numbers of people with disabilities, as shown in Figure 3-10. Notably, Santa Clara has the second highest number of people with disabilities despite having the lowest percentage. San Francisco has the highest percentage of people with disabilities. A majority of people with disabilities (55%) are female, possibly because many people with disabilities are older adults.

Figure 3-8: People with a Disability in Each County



Source: American Community Survey, 2005. (Age 5 and older).

About 22% of people with a disability live in households with income below 150% of the Federal poverty level compared to 15% for the general population. In every county, people with disabilities are more likely to be low income than the general population. About 13% of people with disabilities live in households without access to a motor vehicle. The details by county, as shown in Figure 3-11, are very similar to those for older adults as shown before.

Figure 3-9: Low Income Status and Access to a Vehicle for People with Disabilities

	Percent of Disabled in Low-Income Households	Percent of Disabled with No Vehicle
Alameda	24%	15%
Contra Costa	20	10
Marin	19	9
Napa	22	10
San Francisco	30	32
San Mateo	17	9
Santa Clara	18	9
Solano	20	8
Sonoma	23	8
TOTAL	22%	13%

Note: "Low income" = Living in households with income less than 150% of Federal Poverty Level

Source: U.S. Census Public Use Microsample (2000)

Chapter 4. Existing Transportation Resources

Public Transportation

The transportation network in the Bay Area is extensive, with more than 1,400 miles of highways, over 300 miles of carpool lanes, eight toll bridges, 19,600 miles of local streets and roads, 9,860 miles of transit routes (including some 400 miles of rail transit), five commuter ferry lines, as well as bicycle and pedestrian routes.¹ Over twenty public transit operators provide bus and rail service throughout the region.

Since the passage of the Americans with Disabilities Act (ADA) in 1990, all public transit operators are responsible to make their systems accessible and usable by persons with disabilities. This means they operate vehicles that are wheelchair accessible. Other accommodations are also required to ensure the system's full accessibility by persons with disabilities. For persons whose disability prevents use of public transit even if that system is accessible, complementary paratransit service is provided. Paratransit is required to be provided along the same routes and during the same hours that the fixed route operates.

Human Service Transportation Programs

In addition to public transit and paratransit programs, a variety of human service agencies directly provide, arrange, or otherwise sponsor transportation for their clients. Often, these programs are not well coordinated with public transit systems and, in fact, may duplicate services or overlap with them. Funding provided for transportation services are usually dedicated for a specific clientele (i.e. veterans, Medicaid eligible persons, seniors attending meal programs, etc.) and cannot easily be co-mingled with other funding sources. For the most part, these social service agencies are not primarily in the transportation business; rather, transportation is an auxiliary and not a core service.

¹ MTC Citizens Guide, http://www.mtc.ca.gov/library/citizens_guide/basics.htm

Furthermore, it is often difficult to develop an accurate and comprehensive picture of the full network of service providers, including the sources of funds used to support these services, levels of service provided, and other basic program characteristics.

One element of this planning effort, therefore, consisted of conducting an inventory in order to identify those agencies within the Bay Area that provide social service transportation, and to collect basic information about those programs. This survey effort included public transit agencies providing ADA paratransit and a range of public and private sector agencies providing transportation for clients, program participants, specific populations (such as older adults), or the general public. The inventory is intended to serve as a tool to support coordination by identifying the existing transportation resources in the Bay Area, and documenting current service parameters, geographic coverage and beneficiaries, as well as gaps and duplications in services identified by respondents.

It should be noted, however, that the inventory does not reflect the entire universe of human service transportation providers. A threshold was established for inclusion of agencies in the inventory based on the assumption that coordination efforts among operators of larger transportation programs are likely to produce the most widespread results and benefit the greatest number of people. This threshold was set as those providing 25 or more trips per day and having an annual budget of \$100,000 or more. In those cases in which the agencies contacted did not meet the trip provision and budget threshold, the survey was terminated with only agency information and a basic description of services collected. Because the inventory was limited to human services transportation, it does not include providers such as Greyhound, though services operated by Greyhound and others play important roles in the transportation system. The inventory was completed using a survey tool that was administered during January and February of 2007. Responses were received from 75 of the 83 agencies contacted (a 90% response rate).

Figure 4-1 below illustrates the 10 agencies providing the highest number of trips. It should be noted that not all agency trips were captured through the

inventory; for example, quantifying the level of service provided for non-emergency Medicaid trips has proven illusive and is not reported. Therefore, this chart represents the highest number of trips provided for those agencies that responded to the inventory.

Together, the four Regional Centers, which serve developmentally disabled individuals by transporting them to work or training sites, usually on a daily basis, provide over half the region's human service transportation.

Figure 4-1: Agencies Providing Highest Number of Trips

Agency	Approximate number of monthly one-way trips
San Andreas Regional Center ²	120,000
SFMTA/Municipal Railway	100,000
East Bay Regional Center ³	102,000
North Bay Regional Center	92,400
Outreach ⁴	92,000
Golden Gate Regional Center	71,980
East Bay Paratransit Consortium	55,000
SamTrans	28,000
Golden Rain Foundation/Rossmoor	19,500*

* Calculated from the figure given for daily number of trips provided

The following tables summarize the range of social service and public transportation programs available in each county. In cases where a contractor provides ADA paratransit on behalf of a transit agency (for example, in the cases of Golden Gate Transit and VTA), the contractor is listed and this relationship is noted. Providers are listed in the county in which they are based, though many have service areas that cross county lines. The final table lists providers identifying multi-county service areas

² Services provided in Santa Clara, Santa Cruz, San Benito and Monterey Counties

³ Estimate based on data submitted in 2001; no recent information is available

⁴ Includes ADA paratransit, JARC, after-school transportation for low-income children, and senior transportation programs

Alameda County

Agency Name	Agency Type		Transportation Service	Cities or Counties Served
	Non-profit	Public		
Alzheimer's Services of the East Bay	X		Weekday transportation between home and Adult Day Health care facilities in Berkeley, Hayward and Oakland	Alameda County and western Contra Costa County
Bay Area Community Services	X		From high-density senior buildings to local shopping location; transportation for occasional recreation group outings	City of Oakland
Center for Elders Independence	X		Transportation for nursing home eligible individuals to adult day health care, medical appointments, social and recreational activities, and nutrition	City of Oakland, northern and central Alameda County, western Contra Costa County
City of Berkeley Division on Aging		X	Transport seniors to and from each of the three Senior Centers in Berkeley. On specific days, seniors are transported to pharmacies, grocery stores and some recreational trips.	City of Berkeley
City of Berkeley Paratransit Services		X	Limited amount of free taxi scrip, wheelchair-van vouchers, and East Bay Paratransit tickets to program registrants.	City of Berkeley
City of Fremont Paratransit		X	Door-to-door shared ride paratransit services for Fremont residents 80+ or people with disabilities; group trips for housing complexes, social clubs, and other community organizations that serve disabled individuals or seniors.	Fremont, Newark and Union City; occasional medical trips outside area
City of Hayward Paratransit Program		X	Paratransit safety net service when East Bay Paratransit is unable to serve a trip. Funds Alzheimers Services of the East Bay (ASEB) to transport Central Alameda County clients to a day program using specially trained staff.	Most Alameda County cities. Some medical trips are provided to out-of-county locations (Palo Alto, Livermore).
City of Oakland		X	Supplements ADA paratransit through taxi, wheelchair vans and shuttle services providing door-to-door subsidized service to individuals who cannot access public transportation	Cities of Oakland and Piedmont
City of Union City		X	ADA paratransit service	City of Union City and parts of Hayward, Fremont and Newark
East Bay Paratransit Consortium		X	ADA paratransit service	Western Alameda and Western Contra Costa Counties; trips to and from San Francisco

Agency Name	Agency Type		Transportation Service	Cities or Counties Served
	Non-profit	Public		
Livermore Amador Valley Transit Authority (LAVTA)		X	ADA paratransit service	Livermore, Pleasanton, and Dublin
Regional Center of the East Bay	X		Transportation to people of all ages to and from their home and day programs, Monday- Friday	Alameda County and Contra Costa County
Spanish Speaking Unity Council	X		The Unity Council will be receiving a vehicle from the 5310 program for transporting seniors from independent living facilities to a senior center and also to medical appointments.	City of Oakland

Contra Costa County

Agency Name	Agency Type		Transportation Service	Cities or Counties Served
	Private non-profit	Public		
Central Contra Costa Transit Authority (CCCTA)		X	ADA paratransit for Central Contra Costa County	Clayton, Concord, Danville, Martinez, Moraga, Orinda, Lafayette, Pleasant Hill, San Ramon, Walnut Creek; Contra Costa County
City of Antioch Senior Bus		X	City-wide paratransit service for seniors with majority of rides to and from the Antioch Senior Center; additional support trips for doctor appointments, shopping and personal services	City of Antioch
Contra Costa ARC	X		Door-to-door services (3 routes) to adults with severe developmental disabilities between home and day program, Monday through Friday; transportation for adults with severe developmental disabilities to activities in the community as part of their day program	Contra Costa County (primarily); Alameda County (Hayward only at this time)
Contra Costa County Employment & Human Services Department (CCC E&HS)		X	Provides transit tickets and passes and taxi rides; significant services for CalWORKs population, including contracted bus service to transport children to school and daycare, and a taxi-based, demand response service to transport clients to employment-related destinations	Contra Costa County
Eastern Contra Costa Transit Authority (ECCTA)		X	ADA and non-ADA paratransit	Antioch, Brentwood, Oakley, Pittsburg, and unincorporated areas of eastern Contra Costa County
Golden Rain Foundation/Rossmoor	X		Paratransit/Dial A Bus service serving downtown Walnut Creek service area, including BART	Walnut Creek, Contra Costa County

Agency Name	Agency Type		Transportation Service	Cities or Counties Served
	Private non-profit	Public		
Guardian Adult Day Health Center	X		Directly-operated vans transporting passengers between their homes and the Center; paratransit service for ADHC participants requiring accessible vehicles.	All of West Contra Costa County (Richmond, San Pablo, El Cerrito, Pinole, Hercules, and unincorporated areas such as El Sobrante)
Mt. Diablo ADHC	X		Client transportation between home and the Center (directly-operated as part of pilot project using vehicles donated by CCCTA); shopping shuttle for seniors (City of Concord)	ADHC clients are mostly from Central and South Contra Costa County. Benicia Breeze trips reimbursed for Solano County clients.
Richmond Paratransit		X	Paratransit service for seniors 65 and older and people with disabilities	Richmond, El Cerrito, El Sobrante, San Pablo, Kensington, North Richmond
Veterans Administration (Contra Costa County)		X (Federal)	Serve veterans, providing eligible patients with transportation from one V.A. to another on a free shuttle for medical appointments only	Sacramento County, Solano County, Contra Costa County, Alameda County
WestCAT		X	Paratransit serving ADA-eligible individuals, seniors over 65, and general public in inaccessible areas and on Saturdays	Pinole, Hercules, Rodeo, Crockett, Port Costa, Tara Hills, Montalvin Manor, Martinez, San Francisco, Del Norte BART station

Paratransit services are also operated by the cities of El Cerrito and San Pablo using Measure C funding. Both programs provide transportation services and subsidized fares for seniors and people with disabilities within their cities. Other transportation service providers or programs in Contra Costa County include San Ramon Senior Center, Lamorinda Spirit Service, Walnut Creek Senior Van, Pleasant Hill Senior Van, Senior Helpline Services, and the Concord Taxi Subsidy Program for seniors.

Marin County

Agency Name	Agency Type		Transportation Service	Cities or Counties Served
	Private non-profit	Public		
Golden Gate Bridge, Highway and Transportation District (GGBHTD)		X	ADA paratransit	Portions of Marin, San Francisco, Sonoma and Contra Costa Counties
Marin Transit (formerly Marin County Transit District)		X	ADA paratransit	Marin County
Senior Access	X		Contracted round-trip van service from participants' residences to day program	Majority of Marin County, excluding West Marin; a few participants from southern Sonoma County (Petaluma)
Whistlestop Wheels (WSW)	X		ADA paratransit; transportation for special programs including adult day care, Ecumenical Association for Housing, medical and senior shuttle services in Novato	Marin, Sonoma, San Francisco, Contra Costa Counties. WSW provides local public door-to-door paratransit service within Marin County under contract with Marin County Transit District (MCTD). As part of this contract, WSW also provides service between the Marin, Sonoma, San Francisco, and West Contra Costa counties on behalf of Golden Gate Transit.

Napa County

Agency Name	Agency Type	Transportation Service	Cities or Counties Served
Napa County Transportation Planning Agency (NCTPA)	Public	VINE Go paratransit service, five general public community shuttles and a flexible route service; two user-side taxi subsidy programs are offered to eligible residents	Napa Valley: Calistoga, St Helena, Rutherford, Oakville, Yountville, Napa, American Canyon, portions of Vallejo in Solano County along the VINE Route 10 and portions of Santa Rosa along VINE Route 11.

San Francisco County

Agency Name	Agency Type		Transportation Service	Cities or Counties Served
	Private non-profit	Public		
Golden Gate Regional Center	X		Provide transportation for people who cannot use paratransit because they require additional assistance or live outside of the paratransit service area	San Francisco County, Marin County, San Mateo County
Kimochi, Inc.	X		Group van services for seniors; door-to-door transportation for senior center participants, adult social day care programs, grocery shopping trips, medical trips	San Francisco (City & County)
On Lok Senior Health Services	X		Transportation for health plan participants to and from home to day health centers, medical appointments, and recreation outings	San Francisco, Fremont
Saint Francis Memorial Hospital	X		Transportation for Outpatient Treatment Departments,; discharges to home or other facilities; some transportation for seniors to doctor appointments	San Francisco
San Francisco Veteran's Administration Medical Center (VAMC)		X (Federal)	Transportation by wheelchair accessible van/gurney van and ambulance services to eligible/authorized beneficiaries; VA staffs shuttles to and from designated areas and volunteer drivers for local trips; Disabled American Veterans shuttle service to and from the VA with donated vehicles and volunteer drivers	San Francisco Bay Area and northwestern California; some service for patients in East Bay, Fresno, Palo Alto and Reno, NV areas
SFMTA/ Municipal Railway		X	ADA paratransit service (taxi, shared-ride van services called SF Access and group van provided by van and taxi providers managed by a Paratransit Broker)	San Francisco (City & County)

San Mateo County

Agency Name	Agency Type		Transportation Service	Cities or Counties Served
	Private non-profit	Public		
City of Foster City		X	The Foster City Connections Shuttle provides service within Foster City with two routes (connecting with SamTrans), Monday through Friday from 9:30 am to 3:30 pm	Foster City and some areas of San Mateo
SamTrans		X	Two ADA complementary paratransit services: Redi-Wheels and RediCoast	Bayside and coastal cities of the county
SamTrans		X	Federal Section 5311 rural transportation service	From all coastal cities to all bayside cities of the county
Senior Coastsiders	X		Provide service to seniors 60+ on the San Mateo Coastside from Montara through Half Moon Bay using two buses	San Mateo County Coastside from Montara through Half Moon Bay

Santa Clara County

Agency Name	Agency Type		Transportation Service	Cities or Counties Served
	Private non-profit	Public		
Agnews Developmental Services		X	Busing clients to workshops, school and special events	Anywhere requested by clients
Achievekids	X		Transportation for students to and from school (contracted) and directly-operated services to take students to and from community events, jobs, etc.; serve publicly-funded students (those with emotional and developmental disabilities)	Santa Clara County; Achievekids students come from San Mateo, Santa Cruz, and Alameda Counties as well, but school districts decide whether transportation provided via bus, family vehicle, or taxi vouchers
Avenidas	X		Weekly rides to a nearby supermarket; daily rides to lunch service; daily rides to senior day health facility; clients also transported through volunteer driver program	Palo Alto, Stanford, Mountain View, Menlo Park, Portola Valley, Los Altos, Los Altos Hills, East Palo Alto, Woodside, Redwood City, Atherton and occasionally Sunnyvale, Cupertino and San Jose
Outreach 5	X		Diversified community transportation program including ADA paratransit on behalf of VTA, (heavily coordinated with social service agencies, nutrition, dialysis, education, etc.); JARC, Cal-Works/Low-Income, and Senior Transportation.	All 15 cities in Santa Clara County
San Andreas Regional Center	X		Daily transportation services for 2,600 developmentally disabled consumers to and from their day program on weekdays	Santa Clara, Santa Cruz, San Benito, and Monterey Counties

⁵ Because Outreach is the paratransit provider for the Valley Transportation Authority (VTA), VTA is not included separately in the inventory.

Agency Name	Agency Type		Transportation Service	Cities or Counties Served
	Private non-profit	Public		
Veterans Administration (Santa Clara County)		X (Federal)	Rides for veterans who meet certain eligibility requirements to and from the V.A. Hospital only	Counties: Alameda, Calaveras, Monterey, San Benito, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Stanislaus, Tuolumne, Sonora

Transportation service in Santa Clara County is also provided by Heart of the Valley, Services for Seniors, which operates a no cost, volunteer-based escorted transportation service for adults aged 59 or older. Service is provided to residents of the cities of Santa Clara, Cupertino, Sunnyvale, Los Gatos, Saratoga, Monte Sereno, Campbell, and parts of West San Jose. Escorted transportation is provided for a wide variety of trip purposes, including business appointments, educational and social activities, shopping, and errands. Heart of the Valley currently has a client base of 725 individuals served by 124 volunteers.

Solano County

Agency Name	Agency Type		Transportation Service	Cities or Counties Served
	Private non-profit	Public		
Benicia Breeze		X	Taxi scrip, flexible fixed route and ADA paratransit services	Benicia, Vallejo, Pleasant Hill, Concord, Martinez in Solano and Contra Costa Counties.
City of Dixon		X	General public dial-a-ride service operating Monday through Saturday within the Dixon City limits; participates in Solano Paratransit	City of Dixon
City of Vacaville, City Coach		X	ADA paratransit	City of Vacaville only
City of Vallejo		X	ADA paratransit and taxi scrip program	Solano County, Contra Costa County
Fairfield/Suisun Transit		X	ADA paratransit	Fairfield, Suisun City, Vacaville, Vallejo
Pace Solano	X		Curb-to-curb morning and afternoon transportation service to the participants in Pace's day program for developmentally disabled adults	Day programs operate in Benicia, Vallejo, Suisun, Fairfield, Vacaville, all in Solano County
Rio Vista Delta Breeze		X	Deviated fixed route, taxi scrip, dial-a-ride services and ADA paratransit service	Rio Vista, Fairfield, Suisun City, Isleton, Antioch, Pittsburg, Solano, Sacramento and Contra Costa Counties
Solano Transportation Authority		X	Intercity ADA paratransit service between 5 cities and the unincorporated area in eastern Solano County	Fairfield, Suisun City, Vacaville, Rio Vista, Dixon, eastern unincorporated Solano County

Sonoma County

Agency Name	Agency Type		Transportation Service	Cities or Counties Served
	Private non-profit	Public		
Becoming Independent	X		Transportation for clients between home and programs	Santa Rosa, Sonoma, Healdsburg, Windsor, Cloverdale, and Rohnert Park
City of Petaluma		X	ADA paratransit	Petaluma
North Bay Regional Center (NBRC)	X		Transportation provided via a broker and multiple vendors; taxi trips and bus/paratransit tickets. Serves individuals with developmental disabilities in Sonoma, Napa, and Solano counties (6,000 clients total)	Napa, Sonoma, and Solano counties
Santa Rosa Citybus		X	ADA paratransit	Santa Rosa
Sonoma County Transit (SCT)		X	ADA paratransit along inter-city fixed-route corridors	Sonoma County

Two Sonoma County providers—Healdsburg Transit and Southwest Adult Day Services—were included in the survey but did not meet the threshold established for inclusion in the inventory. Additional agencies offering services in Sonoma County include Pride Industries, West County Transportation Agency, and Whistlestop Wheels (listed in the Marin County table).

Multi-County Providers

While agencies included in the transportation inventory are classified according to the county in which they are based, several transportation providers reported service areas that encompass two or more counties. These agencies are listed in the table below.

Respondents Identifying Multi-County Service Areas

Agency	County Classification	Cities or Counties Served
Alzheimer's Services of the East Bay	Alameda	Alameda County and western Contra Costa County
City of Hayward – Paratransit Program	Alameda	Most Alameda County cities. Some medical trips are provided to out of county locations (Palo Alto, Livermore).
City of Pleasanton Paratransit Services	Alameda	Pleasanton, Sunol, Livermore, Dublin, and San Ramon. This includes primarily Alameda County locations with limited stops in Contra Costa County for doctor appointments.
East Bay Paratransit Consortium	Alameda	Western Alameda and Western Contra Costa Counties, plus trips to and from San Francisco.
Regional Center of the East Bay	Alameda	Alameda County and Contra Costa County
Contra Costa ARC	Contra Costa	Contra Costa County (primarily) and Alameda County (Hayward only at this time)
Mt. Diablo ADHC	Contra Costa	ADHC clients come from mostly Central and South Contra Costa County but ADHC reimburses Benicia Breeze trips for Solano County clients.
Veterans Administration	Contra Costa	Sacramento County, Solano County, Contra Costa County, Alameda County
Westcat	Contra Costa	Pinole, Hercules, Rodeo, Crockett, Port Costa, Tara Hills, Montalvin Manor, Martinez, Del Norte BART station, and San Francisco
Golden Gate Bridge, Highway and Transportation District	Marin	Regional service serving portions of Marin, San Francisco, Sonoma and Contra Costa Counties
Senior Access	Marin	Majority of Marin county, excluding West Marin, but a few participants come from Southern Sonoma County (Petaluma)
Whistlestop	Marin	Marin, Sonoma, San Francisco, Contra Costa Counties
Napa County Transportation Planning Agency	Napa	Napa Valley: Calistoga, St Helena, Deer Park, Rutherford, Oakville, Yountville, Napa, American Canyon; portions of Vallejo in Solano County along the VINE Route 10 and portions of Santa Rosa along VINE Route 11
Golden Gate Regional Center	San Francisco	San Francisco County, Marin County, San Mateo County
San Francisco VAMC	San Francisco	San Francisco Bay Area and northwestern California area, but service is also provided for some patients in the East Bay, Fresno, Palo Alto and Reno, NV
Agnews Developmental Services	Santa Clara	Anywhere requested by clients
San Andreas Regional Center	Santa Clara	Santa Clara, Santa Cruz, San Benito, and Monterey Counties
Veterans Administration	Santa Clara	Alameda, Calaveras, Monterey, San Benito, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Stanislaus, and Tuolumne Counties

Agency	County Classification	Cities or Counties Served
Benicia Breeze	Solano	Benicia, Vallejo, Pleasant Hill, Concord, Martinez in Solano and Contra Costa Counties
City of Vallejo	Solano	Solano County and Contra Costa County
Rio Vista Delta Breeze	Solano	Rio Vista, Fairfield, Suisun City, Isleton, Antioch, Pittsburg, Solano, Sacramento and Contra Costa Counties
Solano Transportation Authority	Solano	Fairfield, Suisun City, Vacaville, Rio Vista, Dixon, eastern unincorporated Solano County
North Bay Regional Center	Sonoma	Napa, Sonoma, and Solano Counties

This summary of selected public or social service transportation programs serves as a valuable starting point to consider the extent to which these services completely or in part meet the transportation needs of persons with disabilities or older adults. The following two chapters (Chapter 5 and Chapter 6) explore, through direct consultation with key stakeholders and through extensive public outreach, the gaps and barriers that still exist with respect to meeting these needs.

Chapter 5. Stakeholder Involvement

Public Outreach

During the months of January through March 2007, the consultant team conducted 21 outreach meetings, attended by over 500 participants. The purpose of the meetings was to directly solicit the views and experiences of older adults and persons with disabilities regarding transportation barriers they face, and generate discussion regarding potential solutions and how these should be prioritized. The following provides an overview of the outreach meeting process.

The first step was to identify and contact organizations or existing groups willing to sponsor or host an outreach meeting. Typically, the outreach meeting was included as part of a regularly scheduled meeting (e.g., Paratransit Coordinating Council, or PCC). In an effort to identify the most appropriate groups, suggestions were sought from members of MTC's Elderly and Disabled Advisory Committee (EDAC), the Partnership Transportation Coordinating Council's (PTCC) Accessibility Committee, and the project Technical Advisory Committee (TAC). In some cases, contacts were provided by members of the outreach team, which was described in Chapter 2.

Efforts were made to reach groups that:

- ┆ Represent diverse and fresh perspectives
- ┆ Address multi-modal interests (i.e. use of public transit, pedestrian access, paratransit, driving)
- ┆ Directly represent constituent groups of interest to the study
- ┆ Have a direct interest in and can speak to transportation needs in their community
- ┆ Are not traditionally included in outreach efforts of this nature. For example, the possibility was explored of meeting with community-based organizations and churches that work with immigrant groups in an attempt to identify the needs of Latino seniors.

Members of the outreach team also represent the communities of concern for this study: older adults and persons with disabilities. Their input was valuable in identifying agencies to host and co-sponsor the outreach meetings, and to develop the agenda and supporting materials. The matrix below lists details for the 21 meetings, including sponsoring groups and estimated number of attendees:

Figure 5-1: MTC Human Service Transportation Coordination – Outreach Meetings

Date	Time	Dur (min.)	Agency	Location	No. Attending
1/09/2007	1:30 PM	60	San Mateo PCC	San Carlos	25
1/13/2007	12:30 PM	45	Marin Indoor Sports Club (ISC)	Greenbrae	7
1/16/2007	2:00 PM	60	Sonoma County TA TPCC	Santa Rosa	37
1/16/2007	2:00 PM	60	Contra Costa County IHSS	Martinez	13
1/17/2007	1:30 PM	45	San Francisco PCC	San Francisco	32
1/22/2007	2:00 PM	60	Contra Costa County PCC	Pleasant Hill	30
2/2/2007	12:00 PM	45	Senior Coalition of Solano County	Fairfield	40
2/5/2007	1:00 p.m.	45	Santa Clara Council on Aging	San Jose	40
2/5/2007	1:10 PM	20	Solano County Family Resource Center	Fairfield	6
2/6/2007	12:15 PM	60	Alameda County East Bay Paratransit SRAC	Oakland	25
2/7/2007	1:30 PM	60	Napa PCC	Napa	15
2/7/2007	2:00 PM	60	Santa Clara PCC (VTA CTA)	San Jose	20
2/8/2007	10:00 AM	45	SF Senior Action Network	San Francisco	100
2/9/2007	10:00 AM	90	Alameda County Area Agency on Aging	Oakland	40
2/12/2007	3:00 PM	90	Marin PCC	San Rafael	20
2/14/2007	2:00 PM	50	Livermore Amador Valley Transportation Authority	Livermore	40
2/16/2007	1:30 PM	60	Paratransit Advisory Committee (Alameda)	Hayward	17
2/20/2007	3:00 PM	30	Disability Action Network, Fremont (Alameda)	Fremont	15
2/21/2007	10:00 AM	90	Sonoma Area Agency on Aging	Santa Rosa	10
2/28/2007	10:30 AM	60	Contra Costa Developmental Disabilities Council	Concord	35
3/16/2007	12:00 PM	60	Solano PCC	Fairfield	15
21 meetings				Participants:	582

Meeting Preparation

Prior to the meetings, an extensive literature review was performed in order to document previously identified issues for each of the nine counties.¹ Additional information on county-specific issues was provided by EDAC members at a meeting in December 2006. These issues, or “gaps”, were grouped by county and used as a starting point for the discussion. In addition, a set of potential criteria for evaluating potential transportation solutions was developed for presentation at the meetings. Members of the TAC provided suggestions for the evaluation criteria.

The host was contacted to verify that the meeting facility was accessible for persons with disabilities, estimate how many people would be attending, determine whether handouts in languages other than English or accessible formats were needed, and review other logistics related to the presentation. The host was provided with a written overview of the project, a list of people in their county who had expressed interest in attending, and an outline of the structure for the meeting. A flyer was developed that described the study and purpose of the outreach meeting, and provided space for individual hosts to include the time, date, and location for their meeting. This flyer included contact information for those who wished to comment but could not attend.

The study team also created a website with a very simple survey tool to allow participants to submit comments; the URL for this website was also distributed at the meetings and was included on the public flyer advertising the meetings as well as on MTC’s website. Thirty-eight comments were posted on this website.

Meeting Format

In most cases, at least two team members attended each meeting to present the material, facilitate discussion, and assist attendees with recording their comments. The agenda for the meeting was standardized but flexible, in order to respond to the time available on the agenda. Agenda items included:

¹ A list of materials reviewed is Included in Appendix A.

- | Overview of the project, including the purpose and importance of the study
- | Review of preliminary list of gaps specific to each county (or community within a county)
- | Small (2-3 person clusters) group discussion on transportation gaps and suggested solutions, with participants recording their comments on 3x5 cards
- | Large group discussion of gaps and solutions identified in the break-out groups
- | Review of the preliminary evaluation criteria to be applied to potential solutions, and
- | Comments on the evaluation criteria.

Throughout the meeting the facilitator read aloud all information being recorded to ensure that those with visual impairments could fully participate in the proceedings.

Contact information for submitting additional comments was given to all attendees, including a contact name, phone number, mailing address and email address, and the address of the web site.

Follow Up

All comments from the outreach meetings were transcribed and sent to the meeting host. Comments were also summarized for use in the plan, and are found in Appendices D and E. Comments on the evaluation criteria were transcribed separately for use during the next phase of the project.

Lessons Learned on Outreach Process

- | When trying to reach a particular interest group, being part of the agenda for an existing regular meeting is very effective. Participants already have the time scheduled and are familiar with the meeting location, the buildings are accessible, and the participants are likely to be knowledgeable about the subject. Members of the public attending the

meeting have the added benefit of learning about the hosting organization as well as the project.

- | A longer period of time would have been helpful to develop and cultivate contacts with “non-traditional” groups (e.g. Latino families referred to above, or Native American women with disabilities in North Bay Area counties). Efforts to include these groups were not as successful as those to engage other groups.
- | The small break-out groups worked well in generating discussion about what participants perceived as gaps in transportation service. This process encouraged everyone to participate, reduced repetition, ensured accuracy in the recording of ideas, and provided support for people who had difficulty writing down their ideas.
- | It is important to verify the accessibility of buildings and restrooms for meetings targeted at seniors and the disabled community. Moreover, meeting hosts should be reminded to provide transit information for the meeting location in advertising materials.
- | Sufficient time needs to be built in ahead of the meetings to ensure that accessible formats of meeting materials can be sent to those who need them – this can be up to ten days in advance of the meeting.
- | When presenting transportation gaps based on previous studies, it is important to emphasize to attendees that these may no longer be current, and may be based on perception, and not necessarily verified. The meeting is an opportunity to ensure that the information included in the study is both relevant and accurate.
- | Some flexibility should be built into the agenda to accommodate the particular interests of the group, which can’t be known until the meeting is underway.

Stakeholder Interviews

Summary of Stakeholder Interview Process

The purpose of conducting stakeholder interviews was to document the perceptions, opinions and experiences of a broad base of stakeholders,

including staff from transportation provider agencies, social service agencies, advocacy organizations and others. Second, the purpose was to gather more in-depth discussion regarding potential coordination strategies currently underway, or those that are most encouraging to pursue.

Interview questionnaires were developed and tailored to individuals or groups of individuals. Attempts to schedule an interview with the potential stakeholders were made by contacting each stakeholder either by telephone or by email. Six of the 25 potential interviewees either did not respond or chose not to participate in the interview process. Efforts were not successful to identify locally-based Medi-Cal program staff to interview. In some cases, alternate stakeholders were identified. Altogether, a total of 20 interviews were conducted with 35 stakeholders.

Figure 5-2: Stakeholder Interviews

Refugee Coordinator	Alameda County Dept. of Social Services
Project Coordinator	Alameda County Senior Injury Prevention Program
General Manager	Central Contra Costa County Transit Authority (CCCTA)
Transportation Mgr	Rossmore Retirement Community, Walnut Creek
Transportation Coordinator	Contra Costa County Workforce
Executive Director	Senior Helpline Services, Contra Costa County
Paratransit Manager	Whistlestop Wheels, Marin County Paratransit Program
Executive Director	Napa/Solano Area Agency on Aging
General Manager	San Francisco Paratransit Program
Ex. Director	Senior Action Network
Transportation Manager	On Lok Senior Center
SamTrans, San Mateo County Human Services Agency and Aging and Adult Services, Center for Independent Living	San Mateo County
Executive Director	Outreach
Transportation Coordinators	San Andreas Regional Center
Member	California Senior Legislature and Santa Clara Council on Aging Advisory Committee
Director of Transit and Rideshare	Solano County Transportation Authority
Executive Director	Sonoma County Council on Aging
PTCC	Accessibility Committee
Staff	MTC
Executive Director	CalACT

A written summary of the interview was prepared and emailed to the interviewee with an opportunity to review and revise, if needed.

Key Findings

The following observations were offered by those participating in the stakeholder interviews.

- Over the past ten years, since full implementation of the paratransit requirements of the Americans with Disabilities Act (ADA), funding partnerships between public transit and social service agencies has

greatly diminished. In cases where there are such partnerships, agencies subsidize their clients' fares but do not cover the actual cost of the trip. No arrangements were identified where a social service agency purchases the full cost of the trip.

- | ADA service requirements may have caused the deterioration of coordination—new shuttles or other services have been formed to serve people outside the service area; or, the scheduling window doesn't always work for agencies, so they start up their own service.
- | In fact, examples were presented of the opposite approach—where the public transit agency purchases services from community-based agencies, senior centers or other programs because this is less costly than providing them directly. CCCTA, for example, has provided retired vehicles to several community-based groups on the condition these agencies provide at least 50 ADA trips per month.
- | Regional Centers, who are required to provide transportation for developmentally disabled individuals within their programs, all arrange for transportation through separate contracts. Regional Center transportation accounts for a large amount of client-based trips, and significant funding supports their transportation programs, but there does not seem to be any effort to consolidate programs with local transit agencies.
- | Medicaid Non-Emergency Medical Transportation (NEMT) continues to be a complex and little-understood program. No stakeholder interviewed is currently involved in providing or arranging for Medicaid-based trips, though it is believed that many ADA clients receiving medically related transportation are, in fact, Medicaid eligible. Any significant revisions to Medicaid transportation policies will need to occur at the State level; however, MTC and/or other stakeholders may want to investigate further the extent to which medical transportation may be sponsored by counties.
- | The lack of flexible insurance policies has been identified as a barrier preventing coordination and volunteer activities from occurring.

- | Taxis could play a role in improving coordination—in most counties, there is a glaring lack of accessible taxis (or any taxis in some communities).
- | There is a need for more seamless travel in counties with multiple providers.
- | Little or no interest was expressed in consolidating services, with the exception of Solano County.
- | A range of mobility strategies needs to be considered when developing a continuum of options—including pedestrian access, and transitioning from driving.
- | Good models of coordination have recently been implemented between senior programs and public transit (Contra Costa, Santa Clara and Sonoma Counties)
- | Stakeholders have identified a range of creative potential strategies to enhance coordination, ranging from operational improvements to revising policies. The potential for successful implementation may vary from county to county, and may not be universally applicable throughout the region. When asked to identify which coordination strategies are most important to pursue, members of the Accessibility Committee did not universally agree on key strategies.

Contra Costa County Focus Group

The final step of conducting public outreach for this planning process was to convene a focus group in Contra Costa County. As mentioned in Chapter 2, Contra Costa County was selected because of previous coordination studies recently completed, and because several innovative coordination efforts have recently been implemented within the county. The goals of the focus group were to:

- | Select one county to discuss transportation coordination issues in detail
- | Hear from a range of stakeholders involved in human service transportation about their experiences with coordination

- l Learn more about successful coordination strategies that have worked, as well as barriers that prevented effective coordination

The meeting was held at the Concord Senior Center on Thursday, March 22, from 1:30-3:00 p.m. Those attending the focus group were invited to participate representing their organization and/or constituency, and efforts were taken to ensure a broad range of participation, including transit agencies, social service agencies, county staff, non-profit agencies and others. Ten persons participated in the meeting, which was also attended by five observers and two meeting facilitators.

Participants were asked to:

- l Describe their “vision” for a coordinated transportation system within Contra Costa County
- l Identify one activity or project that has proven successful in enhancing coordination
- l Identify barriers that are preventing coordination
- l Identify actions needed to remove those barriers
- l Identify coordination strategies that are most important to pursue

A summary of comments from the meeting follows.

Vision of Coordination–

A Coordinated Transportation System would result in:

- l Mobility management—a centralized system that would match needs and resources (this concept was specifically endorsed by several meeting participants)
- l Better understanding of human service agencies involved in providing or sponsoring human services transportation
- l Identification of funds and programs involved in providing transportation
- l “Breaking down the silos” of various funding requirements, which would allow more seamless transportation and the co-mingling of various fund sources

- | Establishment of comparable planning requirements for social service agencies as exist for transit programs to plan for coordinated services
- | More flexible insurance to encourage innovative new programs
- | Better land use coordination so that new developments consider proximity to transit
- | Bringing paratransit providers together to develop common transfer policies and procedures
- | Teaching people how to use transit
- | Provision of easy access to information and services

Successful Examples/Barriers to Coordination

- | Within Contra Costa County, an excellent working relationship exists between Rossmoor Senior Community, located in Walnut Creek, and the local public transit provider, Central Contra Costa Transit Authority (CCCTA). For example, ADA and Regional Transit Discount Card (RTDC) applications are processed on Rossmoor site, Rossmoor and CCCTA collaborate to provide a very successful travel training program, and Rossmoor staff has been very helpful in mentoring new programs.
- | CCCTA Vehicle sharing program—CCCTA has provided local agencies with vehicles with the expectation that those agencies provide at least 50 ADA trips per month. This has freed up capacity on CCCTA to provide additional trips, and has also resulted in a much lower cost per trip for CCCTA than if it had provided the service directly.
- | Getting stakeholders to the table—recent examples include ADA paratransit program staff meet regularly to work out operational “glitches”, and a convening of senior center staff.
- | A significant barrier is that there is a need to better understand budget and regulations specific to social service agencies. Little is known about these programs, or how to influence their willingness to coordinate.
- | The opinion was expressed that agencies that receive state or federal funds to provide transportation for their clients should be required to participate in coordination planning activities similar to those established

through SAFETEA-LU. Examples include: Regional Centers, Medi-Cal, Department of Rehabilitation, Department on Aging through the Older Americans Act, Department of Managed Care, Office of Long Term Care (oversees Adult Day Health Care programs), and school districts.

- | Often, new developments are sited without consideration to the proximity of transit. Or, social service agencies will relocate a facility that is not accessible by transit, and then expect the transit agency to provide service to them.

Steps Needed to Address Barriers Preventing Coordination

The meeting ended with an identification of strategies to address the need to better coordinate land-use decisions with public transit. Some suggested strategies include:

- | Convene a forum of planning directors, city managers, local elected officials, developers and the Homebuilders Association of America to better understand a common interest in promoting land-use and transit coordination
- | Consider imposing an impact fee for transit on new developments
- | Require developers to provide transportation if they locate a facility where transit is not currently available.

The next chapter summarizes the transportation needs of older adults and persons with disabilities noted above, as well as reviews the transportation needs identified in the low-income component of the coordinated plan to determine areas of overlap. Chapter 7 proposes specific types of transportation solutions to address transportation gaps of elderly and disabled populations. Chapter 8 proposes strategies to improve coordination for better service delivery to all three groups.

Chapter 6. Documentation of Unmet Needs

Summary of Gaps: Older Adults and Persons with Disabilities

Chapter 5 summarized the methodology employed to solicit the views of key stakeholders and members of the public to learn more about unmet transportation needs facing older adults and persons with disabilities. Several key themes emerged out of the outreach efforts, stakeholder consultation, and previous planning projects, and are described below.

Enhanced Fixed Route Services: For persons who can and do use the fixed route system, there is a need for additional service in rural and suburban areas, and for more direct service to key activity centers needing to be accessed by older adults and persons with disabilities. Customers would also like increased frequency to avoid long waits, and service longer into the evening and on weekends.

Enhanced Paratransit Services: Paratransit users sometimes need a level of service above and beyond what is required by the ADA, such as service provided on the same day it is requested (e.g. taxis), where and when the fixed route service does not operate, or the ability to accommodate “uncommon” wheelchairs or other mobility devices.

Connectivity: The need for better connectivity was expressed, both for inter- and intra-county travel, whether using paratransit or fixed route service. To promote more seamless travel, customers mentioned the need for better shelters and bus stops as well as other amenities at transfer sites. Some persons with wheelchairs have difficulty making effective use of the system and referred to the need to enhance accessibility of vehicles and the related infrastructure, such as shelters and stops.

Information and Other Assistance: There is a need for education so that older adults and persons with disabilities can learn how to use public transit and their

accessible features. There is also a need to provide information in a variety of formats. Likewise, there is a need to ensure that drivers, dispatchers and other transit personnel are sensitive to passenger needs, and know how to provide assistance on-board the vehicle.

Pedestrian Access and Land Use Coordination: Improving accessibility to and from bus stops and transfer centers (sidewalks, curb cuts, curb ramps, crosswalks) was widely voiced throughout the outreach meetings. Meeting attendees also mentioned the need to better coordinate land use development with the provision of transit service, especially in lower-density communities.

Summary of Gaps: Low-Income Persons

As mentioned previously, MTC has been engaged in extensive planning efforts to identify and address transportation needs specific to low-income persons. With the advent of welfare reform in the mid-1990s, MTC sponsored a welfare-to-work transportation plan for each of the nine Bay Area Counties, and, upon completion of the countywide plans, conducted a regional welfare-to-work plan that was adopted by the Commission in 2001. Finally, as recommended through the Regional Transportation Plan adopted in 2001, MTC embarked upon a series of community-based transportation plans in 25 low-income neighborhoods.

Each of these previous planning efforts sought to identify, through the participation of stakeholders, public outreach, surveys and other methods, transportation needs that prevent full mobility for low-income populations, especially those seeking to return to the work force. The findings from these previous planning efforts are documented fully in the low-income component of the coordinated plan, and are summarized below.

Figure 6-1 provides a comprehensive list of transportation needs or gaps that were identified through plans described above to address low-income constituencies, as well as concerns raised through public outreach convened earlier in this planning process. As Figure 6-1 indicates, there is significant overlap or consistency among the transportation barriers and gaps expressed

among the three populations of concern. Appendix E documents detailed comments received through the public outreach process for this plan.

Figure 6-1: Constituent Group

	Constituent Group	
	Low-income	Elderly/Disabled
<i>Transit Service</i>		
Spatial Gaps: transit does not always serve destinations that people need to reach, i.e. schools, employment, medical care or grocery stores. Service not available in some rural areas.	x	x
Temporal Gaps: need to increase service frequency to avoid long trips, expand hours of operation to run earlier in the morning, later in the evening, or on weekends.	x	x
Inconsistent reliability – some transit routes do not stay on-schedule	x	x
Difficult inter-jurisdictional travel –transit routes do not always transfer or connect with other services	x	x
Lack of adequate driver training, i.e. how to use accessible features, disability and cultural awareness training.	x	x
Inconsistent fare and transfer policies	x	x
Not enough wheelchair spaces on buses, need to accommodate larger wheelchairs		x
<i>Transit Amenities</i>		
Need for bus shelters, benches, and lighting at bus stops or transit centers	x	x
<i>Public Information about Transportation Services</i>		
Need to improve information via 511, websites and other methods about transit routes and schedules to make sure they are current and accurate	x	x
Transit information needs to be provided in languages other than English, and in multiple formats	x	x
Need to provide training to educate people, especially new riders, how to use transit	x	x
<i>Transportation for Youth and Children</i>		
Additional bus service is needed before and after school hours	x	
Transportation services are needed to drop children off at school or daycare.	x	
<i>Access to Autos</i>		
Strategies and incentives are needed to promote access to autos and to maintain them in safe operating order.	x	x
<i>Bicycle and Pedestrian Issues</i>		
Traffic speed regulations are not always enforced in areas frequented by pedestrians	x	x
There is the need to provide more crosswalks in intersections	x	x
Sidewalks are often in poor condition, or nonexistent, in unincorporated or rural areas	x	x
There are not enough bike lanes or securement areas for bicycles	x	
<i>Affordability</i>		
The cost of using public transit or paratransit is a problem, especially when multiple family members are transit dependent, and for youth. Taxis can also be unaffordable for low-income population	x	x
<i>Other</i>		
Unique transportation barriers exist for migrant farm workers	x	
Few or no wheelchair accessible taxis are available outside San Francisco		x
Often, a higher level of support is needed on paratransit than what is minimally required		x
Land-use and transportation policies are often not coordinated, and do not support proximity to transit	x	x
Environmental factors (BART and/or traffic noise, diesel fumes from trucks) may pose health risks	x	x

Chapter 7. Solutions to Gaps

Possible solutions have been identified to address the gaps that emerged from the outreach process and review of local plans. These solutions are based on suggestions received in the outreach process, and ideas contained in local plans. Each solution is described along with gaps that it addresses. The proposed solutions also suggest specific implementation issues. Some solutions address multiple gaps, and some of the gaps are addressed by multiple solutions. The possible solutions are grouped into five categories:

- ┆ Additions or improvements to paratransit that exceed ADA requirements
- ┆ Additions or improvements to demand-responsive services other than ADA paratransit
- ┆ Additions or improvements to transit services
- ┆ Improved access to transit services
- ┆ Information and assistance

Six tables are provided, one for each of the five solution categories just listed, and one for solutions that fit into multiple categories. Each table summarizes all of the solutions, the gaps they address, and implementation issues that will need to be addressed.

Figure 7-1: Additions or Improvements to Paratransit that exceed ADA Requirements

Proposed Solution	Gaps Addressed	Implementation Issues
Premium services on ADA paratransit	Service beyond ADA-required areas and hours, service pending eligibility determination, same-day requests, inter-county service, shorter trip times, intermediate stops, time-certain arrivals.	Some would be operationally easy (e.g. longer hours or larger area) while others could be very complicated (e.g. intermediate stops and time-certain arrivals). Main obstacle would be cost.
Feeder service connecting to fixed-route transit	Excessive trip times for certain trips if offered as an optional service (distinct from a required mode as permitted by ADA for some customers and trips).	Need to address trip planning and coordination with transit schedules, especially for transfers from fixed-route to paratransit.

Proposed Solution	Gaps Addressed	Implementation Issues
Escorted travel on paratransit	Need for assistance by some riders who have no attendants. Also some return trip issues, picking up at large complexes.	Need to recruit, train, and retain staff and/or volunteers to perform this function.
Transfer assistance to help with multi-operator paratransit trips and transfers between paratransit and fixed-route service	Coordination problems making inter-operator trips	Limited number of locations with sufficient volume; cost of staffing.
Discounted paratransit fares	Affordability of service for people with limited incomes, high medical expenses, need for frequent trips.	Could be oversubscribed. Cost.

Figure 7-2: Additions or Improvements to Demand-Responsive Services Other than ADA Paratransit

Proposed Solution	Gaps Addressed	Implementation Issues
Demand-responsive group shopping service	Non-ADA eligible people who cannot use transit if they need to carry packages.	Good models exist.
Volunteer driver programs, including training and recruitment of drivers	Need for assistance, help carrying packages, intermediate stops such as waiting for a rider at a pharmacy or bank, shorter travel times.	Working well in some areas, but others have difficulty recruiting volunteers. Need to address insurance issues.
Taxi discount and voucher programs, including the possibility of purchase of a guaranteed level of taxi service by transit agencies	Same-day service, service pending ADA eligibility, service when ADA paratransit does not operate, travel times, travel needs of non-ADA people.	Depends on availability of quality taxi service; lack of accessible taxicabs.
Incentives or assistance for wheelchair-accessible taxicabs	Lack of taxi service accessible to wheelchair users.	Requires cooperation of taxi companies, drivers, and cities that regulate taxis. Possible use of New Freedom or other funds for accessible taxi subsidies.
Incentives or assistance to improve the quality of taxi service	Service issues limit usefulness of taxis for older people and people with disabilities.	Few models to follow. Needs cooperation of taxi companies, drivers, and cities that regulate taxis. May require financial incentives.
Help for community organizations to expand service	Lack of alternative services, financial difficulties of community organizations, insufficient vehicles, insurance issues.	Depends on community organizations with capacity and interest to provide service. Should be coordinated with ADA paratransit.
Non-emergency medical transportation for Medi-Cal patients	Lack of appropriate, affordable service, especially for dialysis trips.	If implemented by a transit operator, may require separation from ADA paratransit and resolution of issues concerning use of Federally funded equipment, competition with private sector.

Figure 7-3: Additions or Improvements to Transit Services

Proposed Solution	Gaps Addressed	Implementation Issues
Senior-friendly shuttles, jitneys, or circulators	Difficulty using transit for local trips, trips with packages, shopping carts, etc. Stops that are far from facilities or with long walks to the door.	Funding, and ensuring services are accessible for persons with disabilities.
Discounted transit fares or other subsidies beyond those already provided for seniors and people with disabilities	Affordability of some long trips, multi-operator trips.	Need to resolve eligibility, consistency among operators, impact on ADA eligibility process. Cost.
Expanded fixed route transit services	Limited or no existing public transit services in some areas, nights and evenings, and on weekends.	Feasible, but need to address cost and productivity.
Better connections between transit systems	Issues with physical access, schedule coordination, multi-operator trips to important destinations.	Feasible to address physical issues, but may require multi-agency cooperation, including cities. Schedule coordination can be difficult.
Additional wheelchair spaces on transit vehicles	Long waits if all wheelchair spaces are taken.	Depends on equipment and routes. Equipment is not always assigned to specific routes. Space may also be lacking for other passengers.
Additional driver training on accessibility issues and features	Issues with securement and passing-up wheelchair users at bus stops with no explanation.	Could be contract issues at some operators. Securement issues often involve inherently difficult to secure mobility devices.

Figure 7-4: Improved Access to Transit Services

Proposed Solution	Gaps Addressed	Implementation Issues
Infrastructure improvements	Limited access due to sidewalk condition, crossings, curb cuts, lack of bus bulbouts, sidewalk extensions, waiting areas, etc.	Implementation depends on cooperation of cities. Some transit agencies have ceded control of bus stop amenities to others. Cost.
Targeted transit route and stop adjustments	Lack of stops and routes that are convenient to destinations important to seniors and people with disabilities.	Feasible, but each will need to be examined for operational impact.
Targeted law enforcement	Traffic and parking violations near stops, which create dangerous conditions and limit access to transit.	Requires cooperation of cities, counties and police.
Pedestrian safety planning in the vicinity of transit stops.	Short crossing times and right turn on red limit access in some locations. Infrastructure improvements and law enforcement need targeting.	Requires cooperation of cities, counties and police.
Courtesy or flag stops for people with disabilities	Long distances between stops.	Feasibility will vary by type of area, availability of safe stopping locations.

Figure 7-5: Information and Assistance

Proposed Solution	Gaps Addressed	Implementation Issues
Transit information in accessible formats, including real-time information	Hard-to-read, confusing schedules; lack of alternatives for deaf, and blind or low-vision riders. Lack of user-friendly real-time information	Need to establish solutions locally in the absence of clear standards.
Improved signage at bus stops and stations	Orient senior and disabled passengers to where they are and how to get where they want to go.	Cost. Need to identify an appropriate agency or agencies
Enhanced regional information (using 511 or other means) about public transportation for paratransit users, people with disabilities, and speakers of languages other than English	Lack of live information for multi-operator trips. Very limited information in other languages.	Cost. Need to identify an appropriate agency or agencies
Enhanced local information and referral systems	Lack of comprehensive mobility information that includes resources other than conventional transit and ADA paratransit.	Information needs to be updated and verified frequently
Travel training, including orientation and mobility training and training for individuals and groups	Fear of using transit, lack of knowledge and familiarity with transit options.	Feasible
"Buddy" Programs where experienced transit riders accompany and support new riders	Fear of using transit, lack of knowledge and familiarity with transit options	Feasible
Training for older drivers	Limited knowledge of alternatives among long-time drivers; need for help planning for driving retirement.	It may be hard to add material about mobility options to nationally established driver training curricula.
Partnership with the DMV to assist people who have just lost their licenses	Limited knowledge of alternatives among long-time drivers; need for help planning for driving retirement.	Requires cooperation with DMV and funding.
Targeted marketing to encourage seniors and people with disabilities to ride transit.	Lack of knowledge, unrealistically negative perceptions that deter people from using transit.	Feasible; may require new funding.
Comprehensive mobility guides	Lack of comprehensive mobility information that includes resources other than conventional transit and ADA paratransit.	Information needs to be updated and verified frequently. Responsibility for distribution.
Increase awareness of wheelchair securement issues among transit and paratransit riders	Mobility devices that cannot be safely secured, while safe alternatives exist.	Resistance due to price, lack of standards, insurance limitations.
Transit safety education	Fear of crime on transit	Needs cooperation of police, transit security personnel, curriculum development.

**Figure 7-6: Miscellaneous
 (including solutions that fall into multiple categories)**

Proposed Solution	Gaps Addressed	Implementation Issues
Improved service quality measurement with rider participation	Gaps or limits of service quality measurement by contractors.	Requires training and monitoring to ensure objectivity.
Sharing of provider training and methods	Inconsistent quality regarding passenger assistance, transfers, etc.	Need to address issues of contractor proprietary information, different policies and equipment among systems, impact on contractor operations. May not be eligible for New Freedom funding.
Funding assistance for items such as fuel purchases	Lack of funding to specifically address fluctuations in fuel prices and alternative fuel solutions	Cost.
Funding for the development of emergency evacuation training programs	Lack of specifically designated funds for evacuation of people with disabilities	Cost
Increased funding flexibility to allow for more energy efficient vehicle purchases, for example as part of the 5310 program	Current Federal and State contracts provide limited range of vehicles for volume purchasing at discounted rates	Federal and State contracting procedures may take long time to change.
Funding for specific technological improvements such as cell phones with GPS devices	Current funding parameters do not accommodate technology that could be useful for improved service delivery, to address problems such as locating riders at large complexes	Federal and State contracting procedures may take long time to change.
Intelligent Transportation Systems (ITS) improvements	Service quality issues, problems waiting for vehicle arrivals, limited booking hours. Inability to co-mingle passengers on the same vehicle	Details about uses of technology and related customer policies need to be resolved by each operator. Development and application of cost-allocation software
County-wide mobility management, including public/private partnerships	Insurance, audit and report issues for small agencies, uncoordinated service, uncoordinated information, underutilized equipment.	Effective implementation will vary based on local structures.
Wheelchair breakdown service	No service is available in most areas, or is extremely expensive. Lack of such service may limit willingness to use transit.	Responsible entity will vary in each area.

Additions or Improvements to Paratransit that exceed ADA Requirements

I Premium services on ADA paratransit.

Premium services could respond to desires for service that exceed ADA requirements. Examples include the following types of service:

- Service beyond the ADA-required three-quarter mile corridors around transit routes. Some form of paratransit service beyond ADA-required areas would help people living in low-density and rural areas reach essential services.
- Service beyond the hours when transit routes are in operation. Extended hours would help people who cannot drive and have no way to get around after transit (and therefore also ADA paratransit) stops running.
- Interim service in the period when ADA paratransit eligibility applications are pending. Interim service would respond to needs of individuals when they first become disabled or are discharged from a hospital. Affordable, accessible transportation is generally not available before the individual is able to go through the process of obtaining ADA paratransit eligibility application materials and completing the application, and before the eligibility assessment process is completed. Under ADA regulations it can take up to 21 days to complete the eligibility process.
- Same-day requests. Same-day service would respond to a need for trips to deal with non-emergency but urgent medical appointments requiring same-day attention.
- Seamless inter-jurisdictional and inter-agency trips. Such trips would address issues related to uncoordinated fares, inaccessible transfer locations, and difficulty making reservations.
- Guaranteed exclusive rides with no stops for other passengers. This feature would help riders who cannot tolerate long ride times, especially for long-distance trips.

- Intermediate stops to allow passengers to stop en-route, for example to fill a prescription, without needing to wait for a second vehicle.
- Time-certain arrivals for jobs, training, etc.

Fares charged for premium services could exceed those charged for ADA paratransit ("premium fares"). All of these service gaps can also be met by non-ADA services run by cities or community organizations. Many of these gaps can also be addressed with other solutions described in this memo such as subsidized taxis and volunteer driver programs.

- l Feeder service connecting to fixed-route transit.

Feeder trips can be faster than shared-ride paratransit for certain lengthy trips and for some trips between paratransit service areas. This service, provided as an option for customers, is distinct from the mandatory feeder-service that ADA regulations permit operators to use as a service delivery method for certain passengers and trips.

- l Escorted travel on paratransit.

Escorted travel can overcome difficulties faced by some people using ADA paratransit. Escorts could provide assistance beyond lobby areas of buildings for those who need it. For people who live in large complexes, escorts could address problems that occur when a paratransit vehicle cannot wait in front or in clear view of the customer's front door. Escorted travel could also help people who currently miss return trips because they have difficulty finding and staying at a designated waiting spot. (Note, some volunteer driver programs also respond to this gap.)

- l Transfer assistance or other measures to help with multi-operator paratransit trips and transfers between paratransit and fixed-route service.

Trips between counties or other service areas, and in some cases within counties, are difficult to make because they often require transfers between operators. These trips may require more advance notice than other trips and may require multiple calls to make reservations. Problems

with coordination of drop-off and pick-up at the transfer point inhibit travel and may result in individuals being stranded. Customers making connections between paratransit and fixed-route can also suffer from difficulties in coordination and would benefit from assistance in many cases. It may be most practical to provide transfer assistance at locations where staff is already present for other reasons.

- I Discounted paratransit fares or other subsidies for people with limited incomes.

Paratransit fares can be a significant issue for people with limited incomes, especially if they have high medical expenses or need to make frequent trips or use multiple systems requiring multiple fares. Discounted paratransit fares could be provided for people already on other means-tested programs. Subsidies for customers facing hardship could be provided through a non-profit organization.

- I Intelligent Transportation Systems (ITS) improvements that enhance service in ways that go beyond requirements of ADA.

Some ITS features, such as automated stop announcements, are being used to comply with ADA requirements (while also improving service for the general public). Others (such as automated vehicle location) are being used to improve the quality or efficiency of ADA paratransit and provide more accurate measures of service quality. Beyond these steps, ITS solutions can address issues that go beyond basic ADA compliance and service quality. For example, automated telephone technology or the Internet can be used to address the inconvenience for some riders of making reservations during regular business hours. Vehicle arrival notification, using automated phone calls or hand-held notification devices, might reduce the need to wait outside for a paratransit vehicle and reduce missed connections for passengers in large facilities or residential complexes.

- l Improved service quality measurement with rider participation.

Programs that involve paratransit riders in measuring service quality can spot issues missed by traditional methods and increase consumer understanding of service delivery issues. Riders are provided with data collection forms and training about the importance of objective and complete observations. A neutral party recruits riders and compiles results with assured confidentiality.

- l Sharing of provider training and methods to improve paratransit service quality and consistency.

Shared training on topics such as passenger assistance techniques, general principles of customer service, requirements of the ADA, complaint follow-up, coordinating transfers and multi-operator reservations have the potential to address customer issues with service quality and consistency. (Note that, to the extent such a project is limited to improving ADA paratransit service, it would not be eligible for New Freedom funding.)

Additions or Improvements to Demand – Responsive Services Other than ADA Paratransit

- l Demand-responsive group shopping service.

A group shopping service would help people who can use transit for many trips, but cannot use it if they need to carry packages.

- l Volunteer driver programs including steps that would support such programs, such as insurance, driver training, and assistance with recruitment.

Volunteer driver programs may be helpful in providing escorted transportation, transportation before the ADA eligibility process is completed, assistance with shopping trips, and many other forms of service that ADA paratransit does not provide as listed earlier under the heading “Premium services on ADA paratransit.” This category may also include programs that use paid drivers, like the Independent

Transportation Network operated in Portland, Maine. Another aspect of this program allows volunteer drivers to accumulate credits while they are driving so that they can use the credits when they need to be driven by other volunteers. However, lack of accessible vehicles may limit this option to those who do not use a wheelchair or are unable to transfer into an inaccessible vehicle.

- I Mobility Management or brokerage to coordinate currently under-used resources and help address coordination barriers.

Mobility management could expand the availability of services beyond those required by ADA paratransit by coordinating currently underused resources such as vehicles operated by assisted living facilities and other senior housing. A mobility manager might also help with insurance to cover volunteer drivers and vehicles, insurance for shared vehicles, vehicle maintenance, recruiting volunteers, compliance with reporting and audit requirements, and other issues that inhibit community-based paratransit services. A mobility manager could also provide comprehensive mobility information and connect individual riders with appropriate services.

- I Taxi discount programs

Taxi discounts would help address the lack of same-day paratransit and paratransit for people who are waiting for completion of their ADA paratransit eligibility applications. Discounted taxis can provide service at times when conventional transit service and ADA paratransit do not operate and for people with disabilities and seniors who are not ADA eligible but find transit unworkable for some trips. Taxis would provide direct rides for people who cannot endure occasional long paratransit ride times due to stops for other passengers. Taxi discounts can be provided using scrip, smart cards, vouchers, or electronic authorization by the subsidizing agency. In some parts of the Bay Area there are limited numbers of both accessible and non-accessible taxies. For this reason, the ability for wheelchair users to receive equivalent service will need to be addressed.

- l Incentives or assistance for taxicab companies to buy or convert accessible taxicabs.

Accessible taxicabs would extend the benefits of taxi discount programs to people who use wheelchairs and cannot transfer to a car seat. Even without discounts, accessible taxicabs would expand the transportation options of wheelchair users.

- l Incentives or assistance to improve the quality of taxi service for people with disabilities and seniors.

The ability and willingness of seniors and people with disabilities to use taxicabs is limited not just by price and accessibility but by service quality issues, including driver training, passenger assistance, and reluctance to accept trips that require extra effort or are unlikely to result in a tip. Local jurisdictions that regulate taxicabs do not always enforce existing local regulations and federal non-discrimination regulations.

- l Wheelchair breakdown service that would provide a ride home or to a repair facility for wheelchair users experiencing mechanical problems with their wheelchairs.

Such a service is lacking in many areas, and would provide an extra measure of confidence to enable wheelchair users to rely on fixed-route public transportation instead of paratransit.

- l Help for community organizations to expand service.

Increasing the supply of alternative services would address many of the limitations of existing paratransit services already noted. Assistance could take the form of providing retired paratransit vehicles together with maintenance or operating assistance, or simply funding the purchase of new vehicles. Assistance with insurance issues would also be helpful.

- l Non-emergency medical transportation for Medi-Cal patients.

Numerous proposals for providing non-emergency medical transportation (NEMT) would require regional or state action. One thing that local providers can do on their own is become NEMT providers under

existing Medi-Cal arrangements. This would address a lack of providers now available, improve access to medical care for people who have difficulty using ADA paratransit, and provide an alternative to ADA paratransit that provides a higher level of assistance, for example for dialysis patients. Since NEMT is free to the rider, this service would address issues of affordability related to frequent travel on ADA paratransit.

Additions or Improvements to Transit Services

- 1 Senior-friendly shuttles, jitneys, or circulators to shopping, medical facilities, and local services, including flexible route services.

These services can help address some of the needs for short notice or spontaneous travel that are difficult using next-day ADA paratransit reservations. They can help address the travel needs of seniors who no longer drive but are not ADA paratransit eligible. They may accommodate riders with wheelchairs or shopping carts more easily than conventional transit services. Assistance with grocery bags would help people who can use fixed-route transit for most trips, but cannot use it if they need to bring home packages.

- 1 Discounted transit fares or other subsidies beyond those already provided for seniors and people with disabilities.

This could also take the form of free transit during off-peak hours for riders with an ADA card, or very low-income riders with a Regional Transit Connection Discount Card. In the case of riders with an ADA card, the offer could extend to personal care attendants. Even with available discounts using the Regional Transit Connection Discount Card, fares can still be a problem for some people, especially for long trips involving zone fares or multiple operators. Even for trips on a single operator, very long trips can require multiple fares because of transfer time limits. An additional discount for ADA paratransit eligible riders may also be useful to encourage those with conditional eligibility to use fixed-route transit whenever possible.

- l Expanded fixed-route transit services in areas with limited or no existing public transit services, nights and evenings, and on weekends.

Limited service in some low-income areas and low-density areas makes it difficult for seniors and people with disabilities to travel. Limited evening and weekend service is widespread.

- l Better connections between transit systems especially where these are needed to reach regional medical facilities and county offices.

Limited or uncoordinated schedules and physical issues at transfer points make it difficult to reach regional facilities and county offices. This is particularly true where counties are served by multiple transit operators (such as Contra Costa, Solano, Sonoma, eastern Alameda, and rural portions of San Mateo and Santa Clara counties). Connections between counties and between buses and regional rail services also pose barriers to reaching important destinations. Coordination measures may include coordinated schedules, schedules that take into account time limitations of people making long trips, accessibility improvements at transfer points, restrooms at transfer points, and improved signage.

- l Additional wheelchair spaces on transit vehicles.

On some routes that are popular with customers who use wheelchairs, lack of wheelchair spaces is an issue. A particular priority would be routes with long intervals between buses, so that waiting for the bus is a hardship. Impacts on other customers, for whom space may also be an issue, would need to be considered.

- l Additional driver training on accessibility issues and features.

Passengers with disabilities continue to report difficulty related to proper securement and being passed up at bus stops. Aside from discouraging pass-ups and training drivers on proper mobility aid securement, training could address advising passengers about the reasons for pass ups and arranging for back-up transportation when appropriate. (A regional strategy related to wheelchair securement may also be needed.)

Improved Access to Transit Services

- I Infrastructure improvements to improve pedestrian access, especially in the vicinity of transit stops.

Infrastructure improvement may include removing barriers on sidewalks, and improved or additional sidewalks, curb cuts, bus bulbouts, pedestrian crossings and signals (including audible signals and countdown signals), lighting, benches, shelters, and other pedestrian enhancements. Technological solutions akin to wayfinding devices might help blind people locate bus stops. These improvements would address problems that people have accessing transit service and also help people make some trips by walking. These improvements would help address traffic safety and fear of crime, bring existing facilities (in addition to key stations where accessibility is mandated by ADA) up to ADA accessibility standards, and create accessible pathways to transit stops. Many of these improvements would involve working with local jurisdictions.

- I Targeted transit route and stop adjustments to assist seniors and customers with disabilities.

Scheduled variations in transit routes (such as commonly provided for schools or large employers) and locating bus stops based on the needs of seniors and people with disabilities, can make fixed-route service more usable and reduce dependence on paratransit. Paratransit ride data may show the locations of common destinations that customers could access by conventional transit service with minor adjustments in routes or schedules.

- I Targeted law enforcement to improve pedestrian safety near transit stops in areas of special concern to older people and people with disabilities.

Crosswalk violations, parking violations, and dangerous behavior by bicyclists and skateboarders, especially in the vicinity of transit stops, make it harder for older people to use public transportation. Parking violations limit the ability of buses to pull up to the curb, making it difficult for older people and people with disabilities to board. Such law

enforcement efforts could also include education or raising awareness of bicyclists and skateboarders about the impact to these activities on seniors and persons with disabilities.

- l Pedestrian safety planning focusing on priorities for low-cost items such as retiming crosswalk signals and right-turn-on-red restrictions, as well as priorities for infrastructure improvements and targeted law enforcement in the vicinity of transit stops.

Difficult street crossings and traffic conflicts are particularly dangerous for seniors and people with disabilities trying to use transit.

- l Courtesy or flag stops for people with disabilities.

Long distances between bus stops (such as on bus rapid transit lines), often implemented to speed bus operation, may prevent people with disabilities from using bus service. Allowing passengers to “flag down” a bus between marked stops, or allowing passengers on a bus to request a “courtesy stop” between marked stops can address this issue. While some transit systems in low-density areas may permit drivers to use their judgment to identify safe stopping locations, others may need to develop more detailed policies or specific safe courtesy stop locations. Practical policies would be needed about which passengers can request stops.

Information and Assistance

- l Transit information in accessible formats.

Transit routes and schedules can be hard to read for people with limited vision and can be confusing for people unfamiliar with transit. Making information available in a wider variety of formats, standardized among transit systems, would help many older people and people with visual disabilities.

- l Enhanced regional information about public transportation for paratransit users, people with disabilities, and speakers of languages other than English.

Enhanced regional information, whether in the form of additions to 511.org and the 511 telephone information service, or by other means, would help in making trips by multiple operators and increase understanding of public transportation in general. Live information about making trips on multiple operators is currently not available.

- I Enhanced local information and referral systems to provide better access to information about transit, paratransit, and community transportation resources.

Lack of information prevents some people from using public transportation. Information about smaller programs run by cities, counties, or community groups may be confusing or difficult to find. Enhanced information and referral could address the needs of people who do not speak English and people who cannot navigate internet-based information (such as 511.org and operator web sites). Comprehensive mobility information would permit creation of one-stop information sources covering not just transportation but also housing and social services for seniors and people with disabilities. Note that such a function may also be a part of mobility management as discussed earlier.

- I Travel training and transit familiarization. In an effort to promote the independence of elderly and disabled individuals, training to ride fixed-route transit should be provided.

Seniors and people with disabilities who have never used public transportation have real concerns and fears of the unknown. Some have unrealistically negative impressions of public transportation that would be overcome by successful experiences using transit in the company of others. Relevant programs, provided free of charge, include one-on-one instruction about how to ride transit, bus buddies who ride along with new riders, group demonstrations and field trips.

- I Training for older drivers

Training for older drivers may include components to increase awareness of public transportation options, how to ease the transition from driving to alternatives, and how to maintain safe driving skills. This may include partnering with existing providers of older driver training to incorporate transit familiarization into these programs.

- I Partnership with the DMV to assist people who have just lost their licenses by providing information and assistance.

Seniors who may need to begin limiting their driving, or who have had their license rescinded, may be afraid to try transit because they don't know how to use it or because they have unrealistically negative perceptions of transit service. Cooperation with the DMV could help steer older people to needed assistance at the moment when license restrictions are imposed.

- I Targeted marketing to encourage seniors and people with disabilities to ride transit.

Promotions and programs such as free ride days, merchant sponsorships, organized field trips and "transit ambassadors" (seniors and people with disabilities who promote transit to their peers) would help seniors and people with disabilities learn about transit and how to use it. Transit ambassadors able to work with non-English speakers are also needed.

- I Comprehensive mobility guides, covering all mobility options for seniors and people with disabilities.

Printed or on-line mobility guides including modes other than conventional transit and ADA paratransit, such as community-based transportation, and services provided by cities and counties, would help individuals and people who provide them information.

- I Increase awareness of wheelchair securement issues among transit and paratransit riders.

Many riders, suppliers of wheelchairs, and medical professionals who recommend or specify wheelchairs are not aware of options for mobility

devices that are safe to use on public transportation. (Better cooperation among these groups may require regional or higher-level strategies.)

- I Transit safety education

Presentations by police officers to senior groups, in conjunction with transit agencies, can provide tips for riding transit safely and may help allay fears about crime on transit.

Evaluation Criteria

Preliminary evaluation criteria were presented at outreach meetings and have been modified based on suggestions made at the meetings. These criteria are intended to be used as a guide for evaluating projects based on the priority gaps and solutions in this plan. Ultimately, projects will be selected through a competitive process as described further in Chapter 9.

The criteria are intended to be flexible, so that differences among counties and even within counties can be taken into account. The order of presentation does not correspond to order of importance—no one category is considered more important than the others.

Federally-established requirements will also apply to specific funding sources. For example, New Freedom funds must support new public transportation services and new public transportation alternatives that “go beyond the requirements of the ADA and must (1) be targeted toward individuals with disabilities; and (2) meet the intent of the program by removing barriers to transportation and assisting persons with disabilities with transportation, including transportation to and from jobs and employment services.” (FTA C 9045.1, May 1, 2007.)

Community Criteria

- I Community support: Community support may take the form of formal endorsement by organizations and individuals, support by elected governing bodies, and connections to adopted plans.

- l Acute needs: The importance of needs will normally be reflected in community support, but also in priority designation in locally-adopted plans or policies. Acute needs may include needs of small groups who have been left unserved by other programs due to expense or other difficulties.
- l Unserved groups: Identifiable groups that are not able to use existing services may include people who face language and cultural barriers.

Financial Criteria

- l Cost: Is the overall cost of a project within a range that can realistically be funded with available sources, taking into account grants from the private or public sector or user fares/fees?
- l Cost per beneficiary: A broad range of few to many beneficiaries is compared to the cost of a program. Even though a program's total cost is low, if it reaches very few people it might still have a high cost per beneficiary. This would not necessarily eliminate a project from consideration if it ranked highly on other criteria including those listed under "Transportation Benefits Criteria" and "Community Criteria." Similarly, even though a program's total cost is high, if it reaches many people it might still have a low cost per beneficiary. It should be noted that the cost of provision of service relates to service that exceeds the ADA requirements, since ADA-required paratransit service must be provided regardless of cost considerations.
- l Funding availability and sustainability: To the degree possible, projects should have stable sources of funding to cover match requirements. In the case of pilot, demonstration, or capital projects, there should be reasonable likelihood of continued funding for operations. It is recognized that continued funding can never be guaranteed, as it is subject to budget processes, as well decisions and priorities of funders.
- l Leveraging resources: It is desirable for projects to help tap into other funding sources, especially new sources not previously available. Displacing existing funding is discouraged.

Implementation Criteria

- | Implementation time-frame: Projects that will produce results quickly are preferred, as long as they are also sustainable. Projects with long-term payoffs should have some form of measurable accomplishments in the short run.
- | Staging: Can the improvement be implemented in stages?

Coordination

- | Projects that involve coordination, for example multiple organizations working together to address a need, are desirable.

Transportation Benefits Criteria

- | Number of problems and trip types: Projects are preferred that address multiple problems and serve multiple customer groups and trip purposes.
- | Number of beneficiaries: In general, improvements that benefit many people are preferred to those that benefit few. However, the needs of relatively small groups might be considered particularly critical based on criteria under the heading "Community."
- | Unserved needs: Projects are preferred that address gaps left by other services rather than duplicating, overlapping with, or competing with other services. Note that the relative importance of various needs is a matter for local priorities as addressed under "Community."
- | Measurable benefits: As much as possible, there should be ways to measure how a project is benefiting target groups, whether in terms of numbers of people served, numbers of trips provided, improved measures of service quality, etc.

Chapter 8. Strategies to Enhance Coordination of Service Delivery

As indicated previously through this planning effort, there is significant overlap in the types of transportation gaps expressed by low-income persons, the elderly, or by persons with disabilities. Possible solutions to these gaps were grouped into five categories:

- ┆ Additions or improvements to ADA paratransit
- ┆ Additions or improvements to demand-responsive services other than ADA paratransit
- ┆ Additions or improvements to transit services
- ┆ Improved access to transit services
- ┆ Information and assistance

These solutions represent potential projects, which could be eligible for SAFETEA-LU funds subject to this plan, or other sources of funding.

In addition to considering which projects or solutions could directly address these gaps, it is important to consider how best to coordinate services so that existing resources can be used as efficiently as possible. These strategies outline possibilities for a coordinated approach to service delivery with implications beyond the immediate funding of local projects, which may be short-term in nature. Examination of these coordination strategies is intended to result in consideration of policy revisions, infrastructure improvements, and coordinated advocacy and planning efforts, which, in the long run, can have more significant results to address service deficiencies.

As noted in Chapter 2, a range of potential coordination strategies was identified primarily through consultation with a number of key stakeholders already involved in the planning and implementation of human service transportation. Stakeholders were asked to identify successful coordination

efforts,, as well as barriers, or additional steps that are needed to promote coordination.

- ┆ These strategies were then reviewed and discussed in detail at a focused workshop with public transit and human service agency stakeholders convened in Contra Costa County. Contra Costa County was selected because of previous coordination studies recently completed, and because several innovative coordination efforts have recently been implemented within the county.

Perhaps the most important “lesson learned” from the focus group and stakeholder consultation is that successful implementation of coordination strategies will require the joint cooperation and effort of multiple entities that may or may not have coordinated well in the past. Often, a champion is needed to assume leadership and manage implementation efforts; this “champion” may vary from case to case. Implementing some strategies may require leadership on the part of cities or other local jurisdictions, while others may be assumed by social service agencies, transit agencies, Congestion Management Agencies (CMAs), advocacy groups, MTC or, as discussed further in this memorandum, designated mobility managers.

The coordination strategies are identified as follows:

- ┆ Enhance Land Use and Transportation Coordination
- ┆ Promote Enhanced Pedestrian Access to Public Transit and other Alternative Modes of Travel
- ┆ Promote Coordinated Advocacy and Improve Efforts to Coordinate Funding with Human Service Agencies
- ┆ Improve Interjurisdictional and Intermodal Travel
- ┆ Develop and Implement Mobility Management Approaches

Each strategy is described in more detail below, along with desired results, implementation steps needed, partners to participate in implementation, and potential barriers to implementation.

Enhance Land Use and Transportation Coordination

The need for better coordination between land use development and transportation was raised in a number of meetings in the outreach phase of this project. Examples were cited of social service agencies, medical facilities, senior housing, or employment centers that are not easily accessible by public transportation. Rather than locating key services near transit routes, often a facility will be built or relocated with the expectation that public transit can and will accommodate this location decision. For example, Contra Costa County's Health Services Homeless Program is planning to locate a one stop center and shelter for homeless individuals released from hospital in a remote industrial area that has no weekend bus service. The program, which has outgrown its current facility, is being relocated from Concord's Monument Corridor, which is ideally served by a variety of County Connection bus routes.

Major East Bay Medical Center reconsiders move to a low transit density location

Children's Hospital Oakland seriously considered relocating from Oakland to East Alameda or Contra Costa County in order to serve the needs of the growing number of families in those areas. Another reason was the relatively lower construction costs that would be involved in building a new facility rather than implementing seismic upgrades in the Oakland facility. Given the lower density transit network in the areas under consideration, current Oakland-based patients would have had a difficult time accessing the new facility if it was built. Based on a variety of considerations, including substantial input from Oakland elected officials, the hospital decided to stay and expand its existing facility. However, opposition from neighborhood residents to the expansion points to the difficulties faced by human service agencies and medical facilities that seek to locate or expand in densely populated areas.

The results of incompatible location decisions and public transit routing patterns are profound because:

- l Persons who are transit dependent have great difficulty in accessing some locations or cannot get there at all.
- l After the location decision has already been made, transit operators are put in the difficult position of needing to realign service or make a decision not to provide service at all due to lack of resources.
- l Transit-dependent residents who need to get to essential services are forced to increasingly rely on others for rides, or pushed from fixed-route public transit onto more costly paratransit services.

Furthermore, focusing efforts to encourage localities to plan and zone in such a way that essential services are clustered in transit-accessible centers could be a far more cost-effective strategy than continuing to plan and subsidize expensive and continuing expenditures on special transit services.

While the impacts of these location decisions are receiving increasing recognition among policy-makers, developing solutions to address these impacts has become particularly challenging due to the dramatic increase in construction and land costs. Financially strapped human service agencies are inclined to move to lower cost facilities in order to free up program funds for other social service expenditures.

For those wishing to influence these location decisions, it is often difficult to identify how the decisions are made and by whom, and these decision-making structures may vary considerably from one county to another. Moreover, quantifiable data on the costs and benefits of facility relocations are hard to come by. The cumulative effect of these factors is that facilities are being located with minimal public input, resulting in adverse impacts on both service clients and transit agencies. These adverse impacts can in turn serve to undermine the positive results of coordination practices proposed elsewhere in this plan.

A key to success in implementing enhanced land use and transportation coordination, then, is to identify and engage those who influence location decisions, and to educate them of the impact these decisions have for the populations of concern for this plan: persons with disabilities, older adults, and

low-income persons. As an initial phase, extensive outreach to decision-makers responsible for siting social service agencies, healthcare facilities and other important community services should be undertaken. MTC can work with the CMAs through the Transportation and Land Use Solutions (T-PLUS) Program to work with local jurisdictions to implement location decisions that favor access by public transit. In fact, MTC has recently included in its contracts with CMAs the expectation that CMAs will work with local jurisdictions to develop recommendations to implement land use findings that emerge from this plan, and to conduct workshops to assist local jurisdictions, transit agencies and health and human and social service providers implement land use findings emerging from the plan.

Another key stakeholder to engage is the Joint Policy Committee (JPC), which coordinates the regional planning efforts of the Association of Bay Area Government, the Bay Area Air Quality Management District, the Bay Conservation and Development Commission and the MTC, and pursues implementation of the Bay Area's Smart Growth Vision as expressed in the *Smart Growth Preamble and Policies and the Smart Growth Strategy / Regional Livability Footprint Project*. The JPC is a key stakeholder because of members' more direct connections with local governments; it could begin by looking at the effectiveness of policies used in other regions and states to encourage locating key services near transit services in the Bay Area.

For example, in California, Executive Order D-46-01, adopted by the governor in 2001, requires the Department of General Services to consider "sound and smart growth patterns" when locating state agencies, and to consider the following criteria:

- ┆ Siting agencies or leasing facilities in central cities or similar areas;
- ┆ Proximity to public transit; and
- ┆ Pedestrian access to retail and commercial facilities.¹

¹ National Trust for Historic Preservation (2002) State Agency Locations: Smart Growth Tools for Main Street p. 2. see: http://nthp.org/smartgrowth/toolkit_stateagency.pdf

Several other states, including Massachusetts, Maryland, Vermont, Indiana, Oregon and Pennsylvania have adopted similar and sometimes more stringent policies regarding the location of state agencies.² Pennsylvania, for example, calls for primary consideration to be given to the reuse of existing structures and downtowns when locating state agencies, and gives the state's Department of General Services power to deny requests from state agencies to locate or relocate outside of a downtown. At the federal level, Public Law 106-208, adopted in 2000, encourages federal agencies to consider locating their offices in historic properties in central cities.

From the City of Corvallis, Oregon's Transit Master Plan:

"Those seniors and persons with disabilities who can use the fixed-route bus service should be using the fixed-route bus to reduce the demand on special transportation resources. In the long range, work to minimize the need for special senior and disabled services, which will always be far less productive than the regular system. To do this, *permit new senior and disabled-oriented housing and activity centers ONLY on the primary corridors or on other major arterials where transit will be easy and logical to provide.*"

How effective have these existing federal and California policies been in improving the transit accessibility of recently opened facilities and offices? A thorough literature and policy review can help to answer these questions. Completing a similar review of the policies adopted in other states can help determine whether there are better models in effect around the country, which could be considered for the Bay Area.

Local partners are also working to enhance land use and transportation coordination. One such example is that of a partnership established between Samtrans and the County of San Mateo County. In 2000, the County of San Mateo opened a 20,000 square foot homeless shelter and parking area for employees on land leased from the San Mateo County Transit District. The site

² National Trust for Historic Preservation (2002) State Agency Locations: Smart Growth Tools for Main Street. See: http://nthp.org/smartgrowth/toolkit_stateagency.pdf

is adjacent to the District's North Base. The shelter was constructed in just a few months using a "sprung structure" of fabric over a metal frame to simplify construction. The shelter is open 5 pm – 7 am daily and closed during the day. Breakfast and dinner are served. SamTrans routes provide transportation to and from the shelter and a link to BART stations. The relationship between the homeless shelter and the operating base has been harmonious, and SamTrans worked with the FTA to allow federally funded land to be used for this purpose. The basis for agreement was that the project was a transportation-related use and fit well with the welfare-to-work and disadvantaged assistance initiatives.

Implementing this strategy involves the following steps:

- 1 Provide documentation of the issue: During the outreach phase of this planning process, participants provided compelling anecdotal evidence of the problems caused by putting social services in hard-to-reach places. An important first step is to move from anecdotes to clear, quantifiable documentation of the access problems and the high transportation costs that have resulted. Conducting a sampling of Bay Area health facilities, senior centers and social service agencies can provide compelling documentation of the difference between transit accessible and transit inaccessible locations.
- 2 Document examples of policies that have effectively addressed locational decisions: Over the past 30 years, numerous states, cities, counties and other public agencies have adopted policies that either encourage or require agencies to locate in transit-accessible locations.³ Reviewing these existing policies should serve two purposes. First, reviewing existing state and local policies would determine which policies are already in effect, how they are enforced and whether they have been effective. Second, documenting policies from other states can identify effective models that might be adopted in the Bay Area.

³ Many of these policies are aimed at multiple goals (in addition to transit accessibility), such as revitalizing city centers, preserving agricultural lands and restoring historic buildings.

- 3 Engage key stakeholders in the development of a regional strategy: Develop a new regional strategy—with county CMAs, JPC, transit agencies, health providers and local governments—to better understand and encourage effective local decisions regarding the siting of critical health facilities, senior centers, and social service programs. As an initial phase, extensive outreach to decision-makers responsible for siting social service agencies, healthcare facilities and other important services should be undertaken. This could take the form of interviews, focus groups, surveys and/or symposia. A second phase should convene a “summit” of health care professionals, planning directors, city managers, lenders, elected officials, and public transit operators in order to begin to develop elements of a regional strategy.
- 4 Build on the regional FOCUS program to incentivize positive location decisions: “Focusing Our Vision” (FOCUS) is a program to promote compact and equitable development that enhances quality of life and preserves open space. This initiative can be used to develop incentives to locate social service programs within Priority Development Areas (PDAs) in proximity to public transit, and to conduct a cost-benefit analysis that includes consideration of savings through avoided paratransit or non-emergency medical transportation costs.⁴ Another step to advance this strategy could be to develop specific tools, such as model language for local zoning codes, to identify social service facilities as “conditional uses,” with the condition that transit services appropriate to the clientele are in place.

Promote Improved Pedestrian Access to Public Transit and other Alternative Modes of Travel

Improved Pedestrian Access to Public Transit

The issue of enhanced pedestrian access to transit was raised extensively in public outreach convened for this project, and by various constituent groups. In

⁴ HIP provides federal transportation grants to cities which locate housing units near high quality transit at 30 units per acre or higher. TLC provides funding for projects that provide for a range of transportation choices, support connectivity between transportation investments and land uses, and are developed through an inclusive community planning effort.

urban areas, such as San Francisco, pedestrian safety is perceived as a key transportation issue. Residents or visitors in San Francisco are less likely to have cars than residents of other counties, and are more likely to rely on public transit, or walking to get where they need to go. On average, there is one pedestrian fatality per week in San Francisco. People age 65 and older are more likely to be killed as a pedestrian than persons from any other age group.⁵

In suburban communities, members of the public have identified the need to better synchronize pedestrian walk signals with the traffic flow, especially at multi-lane intersections that are difficult to cross. Some portions of rural areas also don't have sidewalks, which makes it difficult to get to and from public transit. Some bus stops in outlying areas may be difficult for some people, especially persons with disabilities, to navigate when passengers are required to disembark onto the shoulder of a road, on a steep hillside, etc.

California Vehicle Code Section 467.(a) A "pedestrian" is any person who is afoot or who is using a means of conveyance propelled by human power other than a bicycle. (b) "Pedestrian" includes any person who is operating a self-propelled wheelchair, invalid tricycle, or motorized quadricycle and, by reason of physical disability, is otherwise unable to move about as a pedestrian, as specified in subdivision (a).

As with land-use planning, implementing pedestrian improvements to enhance access to public transit can be challenging because usually cities or counties, and not transit agencies, are responsible for maintaining local streets and roads. Often, the best way to influence implementation of specific pedestrian improvements is through the development of city-based pedestrian plans, such as that completed by the City of Oakland.

⁵ Traffic Safety Among Older Adults: Recommendations for California, California Task Force on Older adults and Traffic Safety, Center for Injury Prevention Policy and Practice, San Diego State University.

Oakland was the first city in California, and one of the first in the nation to develop a comprehensive pedestrian plan. It can be found at:

<http://www.oaklandnet.com/government/Pedestrian/index.html>

This document highlights the importance of a viable pedestrian access to use public transit, and points out that 148,000 weekday pedestrian trips are to and from AC Transit bus lines within the City of Oakland, and an estimated 57,000 weekday pedestrian trips are to and from BART stations in the City of Oakland. The plan has developed a policy response to existing conditions, which directly address the plan's goals:

- Pedestrian safety
 - | Pedestrian access
 - | Streetscaping and land use
 - | Education

In the five years since the plan was adopted, progress has been made on three important fronts:

- | City-wide collision analyses emphasize pedestrian safety as an Oakland policy concern – the plan illuminated a problem that required a response
- | The plan provided design guidelines that introduced new design concepts that have subsequently become standardized, particularly bulb-outs and refuge islands
- | Streetscape and major development projects are now routinely reviewed against the Pedestrian Master Plan to ensure policy consistency

MTC has completed planning specific to pedestrian safety that has relevance to this plan; in particular, these include the Bay Area Pedestrian Districts Study and the Bicycle-Pedestrian Safety Toolbox.

The Bay Area Pedestrian Districts Study was commissioned by MTC in 2006 to explore the use of pedestrian districts as a concept for creating better pedestrian environments in the Bay Area. Through the development of the

pedestrian district typologies and real-life case studies, the study identifies the types and costs of pedestrian facilities that have the greatest impact on improving the pedestrian environment.

*The Bicycle-Pedestrian Safety Toolbox*⁶ contains a description of the types of policies, codes, and standards jurisdictions can adopt to improve bicyclist or pedestrian safety or encourage pedestrian and bicycle travel. Sample policy documents are provided, including General Plans, Specific Plans, Redevelopment Plans, codes and bicycle and pedestrian plans. Roles for city and county governments are outlined, along with identification of potential funding sources. The toolbox was intended as educational, and to highlight best practices and illustrative actions local agencies could undertake in order to improve pedestrian access.

Both of these resources provide practical examples and tools to assist local jurisdictions implement pedestrian improvements. Since their completion, MTC has conducted training and sponsored forums where these materials have been distributed and discussed. Efforts could also be taken to disseminate information from these studies to non-traditional stakeholders such as social service agencies who may be encouraged to become involved in the local pedestrian planning process.

Many pedestrian-related concerns and gaps have also surfaced through the Community-based Transportation Program (CBTP). Projects recommended to close these gaps may be eligible for funding through MTC's Lifeline Transportation Program (LTP). The LTP, which is administered by each county's Congestion Management Agency (CMA) or other designated entity, funds projects that will improve the mobility of low-income residents of the Bay Area, with a focus on addressing gaps emerging from CBTPs. Both the Regional and County-sponsored Bicycle and Pedestrian Programs would also be funding possibilities to advance pedestrian projects, as well as those available at the local level. However, successful implementation of these efforts will require the ownership of local jurisdictions to ensure projects are consistent with local

⁶ Both reports can be found in their entirety on MTC's web site as follows:
http://www.mtc.ca.gov/planning/bicyclespedestrians/Ped_Districts/index.htm
<http://www.mtc.ca.gov/planning/bicyclespedestrians/safety/framework.htm>

priorities, and to ensure they are successfully carried out and maintained over the long term.

In 2006, MTC adopted a policy (MTC Resolution 3765) that stipulates that projects funded all or in part with regional funds (e.g. federal, State Transportation Improvement Program, bridge tolls) shall consider the accommodation of bicycle and pedestrian facilities. These recommendations are intended to facilitate the accommodation of pedestrians, which include wheelchair users, and bicyclist needs into all projects where bicycle and pedestrian travel is consistent with current, adopted regional and local plans.

The policy further requires that MTC, its regional bicycle and pedestrian working groups, the county congestion management agencies (CMAs) and other stakeholders develop a project checklist to be used by implementing agencies to evaluate bicycle and pedestrian facility needs. MTC anticipates launching the checklist by the end of 2007 and will monitor the results to see how this policy affects future non-motorized accommodations.

The Regional Pedestrian Committee (RPC), an advisory committee to MTC, is charged with addressing pedestrian-related issues in the Bay Area. At present, it is developing a series of pedestrian planning needs that will result in a paper describing how pedestrian needs can be addressed at the regional level.

Promote Alternative Modes of Travel

A fundamental principle of MTC's Lifeline Transportation Program is the recognition that not all gaps in the transit network are effectively met through provision of additional fixed route service. The cost to increase fixed route service may be prohibitive, and inefficient if few passengers are being carried (e.g., late at night or on weekends.) Other alternatives, such as community shuttles, guaranteed ride home programs, taxis, vanpools, etc. may better address identified gaps, and be more cost effective than fixed-route transit.

An additional advantage to supporting alternative modes of service is that they can be designed and implemented specifically to address a local community's needs. For example, a new deviated route shuttle service was recently designed and implemented within the Monument Corridor of Contra Costa County to

better link health care and shopping facilities to public transit. This project emerged through the local Community Based Transportation Plan, and was designed by project stakeholders.

Members of the disability community (with the exception of San Francisco) spoke to the need for additional taxi services, especially those that are wheelchair accessible. Taxis provide a flexible approach to meeting transportation needs in that they do not require a previous reservation and often operate where and when fixed route or paratransit is not available. However, taxis are regulated at the local level, and most jurisdictions do not require the availability of accessible vehicles within the local taxi fleets. Even within a county, regulatory oversight of taxi programs is not necessarily consistent from city to city. While some counties (i.e. Alameda, San Francisco, Santa Clara) rely on taxis as an integral component of their paratransit programs, others are still exploring opportunities to better integrate taxi programs into their services.

Use of taxis can also be effective in meeting the needs of seniors who may need some special care with their travel but may not be ADA paratransit eligible. Likewise, use of taxis has been identified as a possible strategy for low-income residents traveling during off-hours, or for emergency purposes, when regular transit may not be available.

In December 2005, the Marin County Taxi Cab Joint Powers Authority adopted a county wide ordinance to regulate all taxi cab companies and drivers operating in the member municipalities. The Marin Streetlight Acquisition is a Joint Powers Authority set up to absorb responsibilities of the former Street Light JPA, including administration of street light program, abandoned vehicles, taxi regulations, and other programs.

Other counties within the Bay Area may be interested in monitoring the status of implementation of this ordinance or in using it as an example of how to consolidate or better coordinate multiple taxi programs.

The Marin County Transit District also recently completed a study on Enhanced Taxi Services for Social Service Transportation and Public Transit Programs in Marin County. The purposes of the project was to identify opportunities for enhanced taxi services in Marin County to supplement and support current and future social service transportation programs. The study was funded by MTC, and is intended to be a model to inform other counties or local jurisdictions on how to enhance taxi services within their localities.

San Leandro FLEX Shuttle

The shuttle service consists of a series of shuttle stops throughout San Leandro at key locations of interest to older adults and people with disabilities, such as residential facilities, shopping, transit and community centers. The FLEX Shuttle is available to residents who are 60 years or older or ADA paratransit eligible. In addition, the Curb-to-Curb service allows residents who qualify to call and make a reservation for the shuttle to pick them up and drop them off at a specific location within San Leandro, and is available to residents who are 75 years or older or ADA paratransit eligible.

Implementing this strategy involves the following steps:

- 1 Build upon previous MTC work focusing on pedestrian planning and safety. In particular, disseminate information resulting from the Bay Area Pedestrians Districts Study and the Bicycle-Pedestrian Safety Toolbox to cities, human service agency partners, transit and paratransit operators, community based organizations involved in MTC's CBTP, senior associations or others interested in promoting pedestrian safety. Regional non-profit agencies that focus on local development issues (i.e. Transportation and Land Use Coalition, Urban Ecology) may also have an interest
- 2 Encourage community-based transportation plans (CBTPs) as an avenue to identify and address pedestrian-related barriers at the neighborhood level. The CBTPs address a variety of transportation gaps and barriers specific to low-income communities within the Bay Area, and solutions are developed in direct consultation with neighborhood residents or advocates.
- 3 Encourage the development of county or citywide taxi ordinances that would enhance the provision of accessible subsidized taxi programs. For example, local jurisdictions authorized to issue taxi permits or licenses could provide incentives for companies and/or individual owners who provide accessible vehicles. In many communities, the issuance of new taxi permits are restricted, and preference could be given to permitting new accessible taxis.

- 4 Distribute and share the results of the recently completed Marin County Enhanced Taxi Services Project with EDAC, transit and paratransit program staff and other interested stakeholders.

Promote Coordinated Advocacy and Improve Efforts to Coordinate Funding with Human Service Agencies

The need for expanded public transit was raised more frequently in the outreach process than any other transportation barrier. Fixed route service does not always operate where or when it is needed, especially outside the urban core. There is also a critical need for additional paratransit services and funding. The region currently spends \$110 million per year to provide ADA complementary paratransit services, an increase of 5% from the previous fiscal year.⁷ Over the next two decades, the aging of the population will result in a significant increase in demand for paratransit or other specialized services. Stakeholders and outreach meeting participants support efforts to seek additional funding to allow for this expansion.

Many stakeholders also expressed the need to overcome barriers that prevent combining transportation funds with human service agency funds. Often, social service funds are dedicated to meeting the needs of a specific clientele (e.g. developmentally disabled individuals, seniors, etc.) and funding source or agency rules preclude using these funds in combination with others because of their need to ensure agency funds are appropriately utilized for their respective clients. This “silo” effect prevents effective mixing and matching of a variety of fund sources that could contribute to a more cost-effective and responsive transportation system.

Recent federal initiatives⁸ support the development of coordinated transportation programs. However, only federal transportation dollars are subject to coordination planning activities, despite the fact that the Department

⁷ MTC Statistical Summary, March 2007

⁸ *A Framework for Action*: The Framework for Action is a self-assessment tool that states and communities can use to identify areas of success and highlight the actions still needed to improve the coordination of human service transportation. This tool has been developed through the United We Ride initiative sponsored by FTA, and can be found on FTA's website: http://www.unitedweride.gov/1_81_ENG_HTML.htm

of Health and Human Services spends more on human service transportation than does the DOT, as illustrated in Figure 8-1.

Figure 8-1: Estimated Spending on Transportation Services for the Transportation-Disadvantaged by Federal Agencies in Fiscal Year 2001

Agency	Amount spent on transportation for transportation-disadvantaged (millions)	Percent of total estimate	Number of programs included in estimate	Total number of programs that provide transportation
Department of Health and Human Services	\$1,771	72.4%	10	23
Department of Transportation	\$317.3	13%	6	6
Department of Veterans Affairs	\$160.8	6.6%	3	3
Department of Education	\$135.3	5.5%	2	8
Department of Labor	\$26.4	1.1%	3	15
Department of Housing and Urban Development	\$21.7	0.9%	4	4
Department of Agriculture	\$13	0.5%	1	2
Total (for 8 agencies)	\$2,445.5	100%	29	62

Sources: GAO Summary of HHS, DOT, VA, Education, DOT, Agriculture, HUD data and estimates. ⁹

In February 2004, President Bush signed an Executive Order intended to direct federal agencies to coordinate their transportation programs. Through that Executive Order, an Interagency Transportation Coordinating Council on Access and Mobility (CCAM) was established to focus 10 federal agencies on the coordination agenda.¹⁰ CCAM launched United We Ride, a national initiative to implement the Executive Order and the Action Plan established by the CCAM. The CCAM submitted a status report to the President in 2005, which outlined actions taken to decrease duplication and increase efficiencies. CCAM has

⁹ As included in: Transportation-Disadvantaged Populations: Some Coordination Efforts Among Programs Providing Transportation Services, but Obstacles Persist, United States General Accounting Office, Report to Congressional Requesters, June 2003

¹⁰ The full text of Executive Order #13330 may be found at www.whitehouse.gov/news/releases/2004/02/20040224-9.html

focused on five key recommendations included in the 2005 Status Report, including: (1) coordinated planning, (2) vehicle sharing, (3) cost sharing, (4) performance measures and (5) demonstration grants to simplify access for consumers.

Some states have taken the initiative to formally and actively pursue coordination through the establishment of coordinating councils or other appointed groups representing public transit and social service agencies. Recent State of Washington legislation, for example, reauthorized the Agency Council on Coordinated Transportation (ACCT), which is charged with promoting coordinated human service transportation within the state of Washington. Likewise, the State of Florida has established a similar Commission charged with statewide human service coordination. Excerpts from legislative language establishing these councils follow:

2006 State of Florida Statutes: CHAPTER 427, TRANSPORTATION SERVICES
(ss. 427.011-427.017)

"The Commission for the Transportation Disadvantaged; purpose and responsibilities.--The purpose of the commission is to accomplish the coordination of transportation services provided to the transportation disadvantaged. The goal of this coordination shall be to assure the cost-effective provision of transportation by qualified community transportation coordinators or transportation operators for the transportation disadvantaged without any bias or presumption in favor of multi-operator systems or not-for-profit transportation operators over single operator systems or for-profit transportation operators."¹¹

¹¹ The State of Florida administrative code regulating the Commission may be found at: <http://www.dot.state.fl.us/ctd/docs/chapter41.pdf>

SHB 1694 (State of Washington) C 421 L 07

"In 1998 the Legislature created the Program for Agency Coordinated Transportation (PACT or the Program) and the Agency Council on Coordinated Transportation (ACCT or the Council) for the purpose of improving the efficiency and coordination of transportation systems for persons with special transportation needs, and to facilitate a statewide approach to coordination that supports the development of community-based coordinated transportation systems serving persons with special transportation needs.

The Council is required to perform various duties, in coordination with stakeholders, designed to assure implementation of the Program. To that end, the Council's duties include: (1) developing guidelines for local planning of coordinated special needs transportation; (2) providing a state-level forum at which state agencies may discuss and resolve coordination and program policy issues; (3) administering and managing grant funds to develop, test, and facilitate the implementation of coordinated systems; (4) identifying barriers to coordinated transportation; and (5) recommending statutory changes to the Legislature to assist in coordinated transportation."¹²

The State of Washington can serve as an effective model in part because the ACCT is established state legislature, and is directly accountable to the legislature. Elected officials serve on the Council, which develops an annual work plan and reports on its progress to the legislature in a formal report every two years. In addition, many of the activities undertaken by ACCT are prescribed through legislation. One recent initiative of ACCT was to establish the requirement for human service agencies to track their purchased transportation costs, an effort which can set the baseline for future coordination efforts.

In California, Caltrans intends to sponsor a planning project (Mobility Action Plan), based in part on the Washington model, that will support goals to better

¹² The full text of the legislation may be found at: <http://apps.leg.wa.gov/billinfo/summary.aspx?bill=1694>

coordinate human service transportation at the statewide level. In particular, the project would:

- l Develop a Memorandum of Understanding between the Health and Human Services Agency and the Business, Transportation and Housing Agency to support coordination efforts;
- l Develop a comprehensive funding matrix to identify agency expenditures for transportation;
- l Develop a proposal for a demonstration pilot project that would allow for the utilization of transit passes for Medicaid eligible persons needing to access medical services.
- l Establish, through a directive of the Governor, a statewide Mobility Council and Mobility Task Force.

This project could have implications for Bay Area and other state stakeholders by establishing a solid baseline of funding information for state agencies that sponsor human service transportation. It will also result in the development of a statewide transportation council, similar to the State of Washington, that will be charged with promoting coordination and, for the first time, provide a forum for statewide coordination efforts between social service and transportation agencies.

State legislation modifying state requirements for human services transportation could directly affect the ability to coordinate service delivery to seniors and persons with disabilities. Such legislation could include:

- l Direct state agencies receiving transportation funds to report on the services provided with these funds
- l Require human service programs to plan for transportation services and evaluate their performance in consultation with public transit agencies and other relevant stakeholders
- l Directly enable and encourage the use of human service funding to match transit funds or to otherwise combine their funding with other sources of funds to allow more “bang for the buck.”

- i Seek to streamline other administrative barriers (i.e. purchasing or procurement rules, insurance requirements, etc.) that may impede coordination efforts at the local level

Implementing this strategy involves the following steps:

- 1 In consultation with MTC advisory committees and other local and statewide stakeholders, develop a comprehensive legislative platform as described above.
- 2 Re-initiate previous MTC legislative efforts from the mid-1990's to promote human service transportation in California. Since that time, a number of developments suggest that the present climate is more conducive to enhancing coordination efforts, including the federal United We Ride effort, new funding sources specifically designated for coordination, and Caltrans' Mobility Action Plan.
- 3 Identify key state legislators willing to sponsor statewide legislation intended to accomplish coordination objectives.
- 4 Actively seek the support of partner organizations such as National Council of Independent Living (NCIL), The World Institute on Disability (WID), the Transportation and Land Use Coalition (TALC) and others to place greater emphasis on the coordination of elderly and disabled transportation services in their advocacy efforts.

Improve Interjurisdictional and Intermodal Travel

For persons whose transit trips cross from one service area into another, the resulting transfer can be time-consuming and at times confusing. The need to improve interjurisdictional travel was raised by each of the three constituency groups, whether they use fixed route transit or paratransit. In some cases, trips may cross county lines, which may mean transferring to another service provider or even a different mode of service (for example, bus to rail, or bus to ferry). Even within some counties (i.e. Contra Costa County), the presence of multiple transit operators can trigger the need to transfer within the county.

Each of over 20 transit agencies has adopted its own fare structure and service policies, which are in some cases inconsistent with neighboring transit agencies.

In April, 2006, MTC adopted a "Transit Connectivity Plan" including a series of recommendations specific to the following:

- | The need for better signage at major transit points and transit hubs;
- | Schedule and route coordination between connecting operators;
- | Access to transit information whether via 511, web sites, or paper information;
- | The availability of "real time" transit information at key stops and stations;
- | Amenities such as benches, shelters, lighting, etc., for a more comfortable wait for connecting services; and
- | The availability of "last mile" services not otherwise provided by regular fixed route services, such as taxis or community shuttles, which can get people from a transit center or bus stop to their final destination.

The Regional Transit Connectivity Plan outlines a series of enhancements intended to improve connectivity, which are in various stages of implementation. MTC is providing funding to implement the majority of this work. MTC has also adopted Interagency Transfer Guidelines for the region's paratransit providers to improve services for paratransit customers who transfer from one system to another. These guidelines have not been evaluated or updated in several years. As a result, transit agencies may not be consistently implementing the guidelines, which can result in confusion for paratransit customers and operators alike. Although very few paratransit trips are interjurisdictional in nature, they can be costly and time-consuming to arrange for, and inconvenient and difficult for many customers.

Implementing this strategy involves the following steps:

- 1 As MTC and the transit agencies proceed to implement the connectivity improvements at key transit hubs they should take steps to ensure that

these improvements take into consideration the specific transportation needs of older adults and persons with disabilities.

- 2 Prior to full implementation, test key connectivity improvements such as improved wayfinding signage, or 511 improvements to ensure their accessibility for senior and disabled populations.
- 3 Review the status of the SB 1474 Plan (MTC Resolution 3055) to ensure respective coordination policies, such as the paratransit interagency guidelines, regional ADA paratransit eligibility program and other policies are and up to date and reflect actual practice. Support PTCC Accessibility Committee's efforts to encourage seamless paratransit transfers through greater coordination such as that resulting from the monthly meetings recently initiated by the four paratransit providers in Contra Costa County.

Mobility Management

Achieving advances in current mobility management efforts will depend on the effectiveness of the coordination and advocacy strategies cited earlier in this report. Although not a new concept, mobility management activities may now be funded through three SAFETEA-LU programs (JARC, Section 5310, New Freedom). These activities consist of short-range planning and management activities and projects for improving coordination among public transportation and other human service transportation-service providers. Mobility management is considered an eligible capital expense, which requires a 20% local match to the federal funds, rather than the 50% local match required for operating expenses.

Mobility management is intended to build coordination among existing public transportation and human service transportation providers with the goal of cost-effectively expanding the overall level of service for seniors, persons with disabilities and low income persons. According to guidance issued by FTA, eligible mobility management activities may include:

- | The promotion, enhancement, and facilitation of access to transportation services, including the integration and coordination of services for individuals with disabilities, older adults, and low income individuals;
- | Support for short term management activities to plan and implement coordinated services;
- | The support of State and local coordination policy bodies and councils;
- | The operation of transportation brokerages to coordinate providers, funding agencies and customers;
- | The development and operation of one-stop transportation call centers to coordinate transportation information on all travel modes and to manage transportation program eligibility requirements and arrangements for customers among supporting programs; and
- | Operational planning for the acquisition of intelligent transportation technologies to help plan and operate coordinated systems inclusive of Geographic Information Systems (GIS) mapping, Global Positioning System technology, coordinated vehicle scheduling, dispatching and monitoring technologies as well as technologies to track costs and billing in a coordinated system, and single smart customer payment systems. (Acquisition of technology is also eligible as a stand alone capital expense).
- | Testing and implementing technology that could account for individual client activity on a vehicle supported with multiple fund sources.

Establishing a Mobility Manager for a defined geographic area would help ensure that staffing resources are provided to carry out coordination activities. Ideally, a mobility manager would assume responsibility for coordinating programs, funding, information, and transportation services of all modes to meet the needs of low-income, elderly and disabled persons. A transit agency could serve as mobility manager, as could a social service agency, nonprofit agency, or a Consolidated Transportation Service Agency (CTSA).

In California, one mechanism for promoting the concept of mobility management is through the designation of CTSA's. The Social Service

Transportation Improvement Act of 1979 mandated improvements to social services transportation, and led to the designation of CTSAs. By law, CTSAs are to identify and consolidate all funding sources and maximize the services of all public and private transportation providers. CTSAs are authorized to directly claim TDA and STA funds and, in many cases, are able to leverage other human service funds by nature of this designation.

CTSAs are designated by the local Regional Transportation Planning Agency (RTPA), which is MTC for the nine-county Bay Area. Currently, there are no active CTSAs within the region. With the full implementation of the paratransit provisions of the ADA in 1996, which required transit operators to assume responsibility for the provision of complementary paratransit, the role of CTSAs changed and many were in fact assumed under the auspices of the transit agencies.

The Contra Costa Measure J Expenditure Plan supports funding for (a) managing the program, (b) retention of a mobility manager, (c) coordination with non-profit services, (d) establishment and/or maintenance of a comprehensive paratransit technology implementation plan, and (e) facilitation of countywide travel and integration with fixed route and BART.

Implementing this strategy involves the following steps:

- 1 Encourage the establishment of mobility managers. Doing so would establish a more formal mechanism for promoting coordination between human service and public transit agencies at the local level.
- 2 Through a mobility management approach, test and implement technology that could track individual client activity on a vehicle supported with multiple fund sources.
- 3 Convene a regional workshop to focus on providing technical assistance and information sharing for those interested in developing mobility management activities.

Figure 8-2 summarizes the proposed strategies and corresponding implementation steps. As recognized throughout this planning effort,

successful implementation will require the joint cooperation and participation of multiple stakeholders. For some, a clear leader has not been identified. Chapter 9 of this report proposes a series of next steps, which can serve as a starting point for launching these implementation efforts.

Figure 8-2: Implementation of Coordination Strategies

Enhanced Land Use and Transportation Coordination: Implementation Steps	Partners/Stakeholders
Provide documentation of the issue	TBD
Document examples of policies that have effectively addressed locational decisions	TBD
Engage key stakeholders in the development of a regional strategy.	JPC, CMAs
Build on the regional FOCUS program to incentivize positive locational decisions	JPC, CMAs through T-Plus program
Promote Alternative Modes of Travel, including Improved Pedestrian Access to Transit: Implementation Steps	Partners/Stakeholders
Build upon previous MTC planning work specific to pedestrian safety, and disseminate the results to other partner organizations.	Local jurisdictions
Encourage pedestrian-related planning at the community level through CBTPs.	MTC, CMAs
Encourage the development of countywide taxi ordinances that would enhance the provision of accessible taxi programs	Counties, CMAs
Distribute and share the results of the recently completed Marin County Enhanced Taxi Services Project with EDAC, transit and paratransit program staff and other interested stakeholders.	Marin County, PTCC Accessibility Committee, EDAC, Counties and Cities
Promote Coordinated Advocacy and Improve Efforts to Coordinate Funding with Human Service Agencies: Implementation Steps	Partners/Stakeholders
Develop a comprehensive legislative platform to address improved human service transportation coordination	MTC, Bay Area Partnership, transit agencies and other local stakeholders
Re-initiate previous MTC legislative efforts to promote human service transportation in California.	MTC, Advisory Committees, Bay Area Partnership, human service agencies, other local stakeholders
Identify a legislator willing to sponsor statewide legislation intended to address the platform defined above.	MTC, elected official(s)
Actively seek the support of partner organizations such as National Council of Independent Living (NCIL), The World Institute on Disability (WID), the Transportation and Land Use Coalition (TALC) and others to place greater emphasis on elderly and disabled transportation needs in their advocacy efforts.	Local advocacy organizations, MTC Advisory Committees

Improved Interjurisdictional Travel: Implementation Steps	Partners/Stakeholders
Prioritize connectivity improvements at transit hubs	MTC, MTC Advisory Committees, transit agencies, human service agencies
Prior to full implementation, test key connectivity improvements such as improved wayfinding signage, or 511 improvements to ensure their accessibility for senior and disabled populations.	MTC, MTC Advisory Committees, transit agencies, human service agencies
Review the status of the SB 1474 Plan (MTC Resolution 3055) to ensure respective coordination policies, such as the paratransit interagency guidelines, are accurate and being implemented.	MTC, MTC advisory committees, transit operators, PTCC Accessibility Committee, human service agencies
Mobility Management: Implementation Steps	Partners/Stakeholders
Encourage the development of Mobility Managers	TBD
Research and share examples of mobility manager models of excellence established elsewhere.	MTC, human service agencies, Transit and Paratransit Operators, PCCs
Test and implement technology that could track individual client activity on a vehicle supported with multiple fund sources.	MTC, local stakeholders

Chapter 9. Next Steps

This chapter outlines immediate and long-term steps required for MTC to adopt this plan.

Amend MTC Resolution 3787

In November 2006, the Commission adopted MTC Resolution 3787, which documented the transportation needs and strategies specific to low-income persons. The plan built upon previous planning efforts undertaken by MTC in support of improving transportation in Bay Area low-income communities. As a first step, MTC staff will seek amendment of MTC Resolution 3787 to include the results of this planning effort. Together, they will comprise MTC's Coordinated Public Transit-Human Service Transportation Plan.

Funding Processes for use of SAFETEA-LU Funds

As the designated recipient of JARC and New Freedom funds for the San Francisco Bay Area Urbanized Area, MTC is required to select projects with these funds that are (1) derived from this plan, and (2) selected through a competitive procurement process. The State Department of Transportation (Caltrans) will continue to administer and be responsible to select projects for use of Section 5310 funds. Chapter 1 of this report discusses eligible uses for and recipients of these funds.

JARC (Section 5316)

As the previous recipient of JARC earmarks, MTC established and funded a number of projects to improve transportation for low-income persons through the Lifeline Transportation Program mentioned in Chapter 8. Funding for the Lifeline Program is supported through a variety of funding sources, including JARC and Regional Discretionary State Transportation Administration (STA) funds. In addition, Proposition 1B Transit funds were recently directed to the Lifeline Program by Commission policy.

While MTC oversees the Lifeline Transportation Program, for the first Lifeline funding cycle, county congestion management agencies¹ (CMA) administered the program, soliciting projects through a competitive process, and prioritizing projects for funding. Each county's prioritized list of projects was submitted to MTC, where projects were matched with an appropriate fund source. MTC incorporated federally-funded projects into the Transportation Improvement Program (TIP), and allocated or otherwise disbursed funds through contractual arrangements.

MTC will evaluate the first cycle of the Lifeline Transportation Program before moving forward with the program's second cycle.

Elderly and Disabled Program (Section 5310)

The State Department of Transportation (Caltrans) remains responsible to oversee the federal Section 5310 Program. Caltrans solicits applications for use of Section 5310 funds on an annual basis. Each county prioritizes local applications and submits this prioritized list to MTC. MTC then facilitates a regional process to prioritize projects received from all nine counties, which in turn is submitted to Caltrans. Caltrans administers its own competitive process (which recognizes local priorities) to recommend a final slate of projects that ultimately is submitted to the California Transportation Commission (CTC) for approval.

New Freedom Program (Section 5317)

MTC is responsible to conduct a competitive selection process for use of New Freedom funds. As they represent a new source of funds, there is no precedent as to their use, nor any procedures in place to direct the selection process. One possibility for distributing New Freedom funds would be for MTC to issue a regional call for projects. In the call for projects, MTC could specify priority topic areas based on findings emerging from Chapters 6-8.² A selection

¹ In Santa Clara County, the Lifeline Program is jointly administered by Santa Clara County and the Valley Transportation Authority, Santa Clara's congestion management agency.

² The FTA Final Circular C 9045.1, effective May 1, 2007, suggests that the designated recipient could identify priority projects, such as accessible taxis, same-day paratransit service, etc., and solicit projects in response to the needs identified through the plan.

committee comprised of MTC staff and other stakeholders (who are not otherwise applicants of funds) could select projects based on agreed upon scoring criteria.

Another possibility would be for the New Freedom funds to be coordinated with the Section 5310 selection process. Under this scenario, each county would identify potential projects for use of New Freedom funds and submit them to MTC when they identify potential Section 5310 funds.

Finally, a relationship between the New Freedom Program and the Lifeline Transportation Program could be considered to determine possibilities for coordination.

Plan Update

Federal guidelines indicate that at a minimum, the coordinated plan should follow the four year update cycles for the Regional Transportation Plan (RTP). MTC will next update its RTP in 2009, which would provide an opportunity to directly link the development of the coordinated plan with the RTP. Because projects must be derived from the plan, it may also be necessary to update or amend the list of prioritized projects to coincide with the Lifeline Transportation Program funding cycles, or other funding cycles specific to fund sources subject to this plan.